

PART II - PERSONAL HISTORY STATEMENT

Part II must be completed by EACH individual having a financial interest, manager, or designated onsite representatives who are responsible for the businesses manufacture, sale, transfer, furnishing or receipt from outside of the state any substance listed in Health & Safety Code Section 11100(a). Additional copies of this portion of the application may be obtained from the Controlled Chemical Substance Program or you may photocopy the appropriate number of copies necessary. (See Specific Instructions for details regarding who must complete this portion of the application)

1. Personal Information:

Last Name		First Name	Middle Name
Alias(es) (Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise. Why used, when and where.)			
Present Residence Address - Street or RFD		Since (date)	
City - State - Zip			
Mailing Address			
Present Business Name and Address		Since (date)	
City - State - Zip			
Occupation		Telephone # - Residence () Business ()	
Date of Birth		Place of Birth (City/County/State)	
Social Security #		Driver's License # _____	
Sex	Height	State _____ Expiration Date _____	
Eye Color	Hair Color	Scars, Tattoos, Distinguishing Marks	

2. Marital Information

Single _____ Married _____ Separated _____ Divorced _____

a. Current Marriage: _____
date of marriage City/County/State

Spouse's Full Name: _____

Maiden Name/other name(s) used: _____

Date of Birth: _____ Place of Birth: _____

Residence Address: _____

Home Phone: _____

Occupation: _____ Work Phone: _____

Employer: _____

Work Address: _____
street address city/state/zip

3. Military Information

Have you ever served in any armed forces? Yes _____ No _____
Branch: _____ Date of entry - Active Service: _____
Date of Separation: _____ Type of Discharge: _____
Rating at Separation: _____ Serial Number: _____

While in the military service, were you ever arrested for an offense which resulted in summary action, a trial, or special or general court martial? Yes _____ No _____

If yes, furnish details on an additional sheet.

4. Conviction Information

- a. Have you ever been convicted of any criminal offense other than MINOR (under \$300.00 fine) traffic violations? Yes _____ No _____
- b. Have you ever been convicted of any offense involving controlled substances?
Yes _____ No _____
- c. Have you ever been convicted of any felony that has been expunged pursuant to Penal Code Section 1203.4? Yes _____ No _____

From (mo/yr) To (mo/yr)	Name/Mailing Address of Employer/Business	
Title	Description of Duties	Chemicals Involved
Reason for Leaving		Supervisor

From (mo/yr) To (mo/yr)	Name/Mailing Address of Employer/Business	
Title	Description of Duties	Chemicals Involved
Reason for Leaving		Supervisor

From (mo/yr) To (mo/yr)	Name/Mailing Address of Employer/Business	
Title	Description of Duties	Chemicals Involved
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From (mo/yr) To (mo/yr)	Name/Mailing Address of Employer/Business	
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