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:

First Name	Middle Name
Name Changes, Legal or Ot	therwise. Why used, when
	Since (date)
	Since (date)
Telephone # - Residence (Business (
Place of Birth (City/Count	y/State)
Driver's License #	
State Expiration	Date
Scars, Tattoos, Distinguish	ing Marks
	Telephone # - Residence (Business (Place of Birth (City/Count) Driver's License # State Expiration

	Single	Married	_ Separated	Divorced
	a. Current M	arriage:		
		date of	marriage C	ity/County/State
	Spouse's F	ull Name:		
	Date of Bir	th:	Place of I	Birth:
	Residence A	Address:	- In the state of	
		ne:		
	Occupation	n:	Work Ph	one:
	Employer:			
		iress:		
		street ad	ldress cit	y/state/zip
3.	Military Information			
	Branch: Date of Separa	D tion: T	ype of Discharge:	ervice:
	Rating at Sepa	ration: S	erial Number:	
	While in the m summary actio	ilitary service, were yo n, a trial, or special or	ou ever arrested for an general court martial	offense which resulted in ? Yes No
	If yes, furnish o	letails on an additiona	al sheet.	
4.	Conviction Information	<u>n</u>		
	a. Have you ev \$300.00 fine) to	er been convicted of a raffic violations?	ny criminal offense ot Yes	her than MINOR (under
		er been convicted of a	my offense involving c	ontrolled substances?
	c. Have you ev	er been convicted of a	any felony that has bee	n expunged pursuant to No
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2.

Marital Information

	ca	ises without exception.			dditional sheet. List all
	e. H	lave you ever received a f yes, when?	pardon for any	criminal offense?	Yes No
		date		city/county/s	state
5]	Family Info	ormation			
	a. D	o you have any immedi ciated with or employed	ate family memb	er (i.e. children, s industry? Yes _	pouse, or parents) No
	I of	f yes, state the name, da the individual; and the	ate of birth, relate name of busines	ionship, and assoc s.	ciation or employment
6.]	Residence I	nformation			
=	List	all residences you have	had for the last	10 years:	
From mo/yr	To mo/yr	Street and Number		City	County/State/Zip
		- meeting and a second a second and a second a second and			
			and the same of th		
7. <u>F</u>	Employmen	t Information			
	which Also have manu	nning with your current h you have been involved list all corporations, pa been associated for the afacture, processing, sal- ticals involved and the r	ed, and all period rtnerships, or an last 10 years. If le, distribution, s	ls of unemployme y other business t the employment i torage, etc. of che	nt for the past 10 years. ventures with which you involved the
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From (mo/yr) To (mo/yr)	Name/Mailing Address of Employer/Business		
Title	Description of Duties	Chemicals Involved	
Reason for Leaving		Supervisor	
Prom (ma/ym)			
From (mo/yr) To (mo/yr)	Name/Mailing Address of Emp	loyer/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	
Reason for Leaving		Supervisor	

Additional Information