



Occupational and Business Licensing
555 Wright Way
Carson City, Nevada 89711 - 0100
(775) 684-4690
www.dmvnv.com

PERSONAL HISTORY QUESTIONNAIRE

New Update

This questionnaire is filed as part of the licensing application for:

Business License: Principal Resident Agent/Manager

Occupational License: Salesman Drive School Instructor Traffic Safety School Instructor
 Inspector DUI School Instructor

Full Legal Name: _____
Last First Middle

Additional names you have been know by (*maiden name, stage name, nickname*):

Mailing Address _____
Street City State Zip

Physical Address _____
Street City State Zip

Home Phone _____ Additional Phone _____

Driver's License No. _____ State _____

Date of Birth _____ Place of Birth _____

Social Security No. _____
City State
 Female Male

Height _____ Weight _____ Hair _____ Eyes _____

Scars, marks and/or tattoos _____

Photo

(Full face, shoulder and above)

Applicant's Name _____

Personal History Questionnaire

Employment History for the past 5 years beginning with the most current (*no gaps.*)

From (month/year)	To (month/year)	Employer	Complete Address/Telephone #

Drive, DUI or Traffic Safety applicants only:

Have you ever been arrested or convicted of a crime or offense, either felony, gross misdemeanor or misdemeanor, including traffic misdemeanor offenses? Yes No

All other applicants:

Have you ever been arrested or convicted of a crime or offense, either felony, gross misdemeanor or misdemeanor, excluding traffic misdemeanor offenses? Yes No

If "Yes," list separate charge by date of arrest. Describe the offense, court and disposition in the appropriate columns.

Date of Arrest	Nature of Offense	Court of Jurisdiction	Disposition of Offense

List names, complete address and phone numbers of two personal references.

Name	Address	Phone Number

Are you currently, or have you ever been under supervision of a parole or probation agency of any state? If so, provide name and address of the agency, name of supervising officer and phone number. Provide a copy of your discharge, if appropriate (*explain.*)

Applicant's Name _____

Personal History Questionnaire

Have you previously held or do you presently have a business or occupational license issued by the Department of Motor Vehicles? Yes No

If "Yes," license number _____ State _____

Have you ever had a business or occupational license, in this state or any other state including a driver's license, which was denied, suspended, revoked or had administrative sanction against it? Yes No (if Yes, explain)

I certify under penalty of perjury that the information contained in my Personal History Questionnaire is true and correct. I hereby authorize the Department of Motor Vehicles to make any background investigation necessary as it pertains to the issuance of my license. I understand that the providing of false information or the omission of the requested information in this questionnaire is grounds to deny, suspend or revoke my business or occupational license. I further understand that filing false information to obtain any license or permit is a criminal act as defined in Nevada Revised Statutes and Nevada Administrative Codes in addition to being subject to the administrative sanctions as prescribed by law.

Signature of Applicant Date

Subscribed and sworn before me this _____ day of _____, _____

Notary Public or Authorized Nevada DMV Representative

* * * * *

For Department Use Only	
Case No _____	
<input type="checkbox"/> Application completed and signed	<input type="checkbox"/> Fingerprints <input type="checkbox"/> Background Investigation <input type="checkbox"/> Total Fees \$_____

Application reviewed and accepted:

Signature of Employee Date

Signature of Supervisor (if applicable) Date

Recommendation: Approved Denied

Signature of Investigator (if applicable) Date

Applicant's Name _____

Personal History Questionnaire

IMPORTANT

Federal Welfare Reform, as implemented by the 1997 Session of the Nevada Legislature by S.B. 356, requires that professional and occupational licensing agencies add certain questions regarding child support to all applications for new licenses and for renewal of all occupational licenses.

Each occupational and business license applicant, applying for a new license or for renewal of an existing license must complete and sign the child support information below.

Your application cannot be processed without submitting this form, completed and signed.

CHILD SUPPORT INFORMATION

Please mark the appropriate response (failure to mark one of the three will result in denial of the application.)

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order. Indicate the county, state and contact number below, for verification.
- I am subject to a court order for the support of one or more children and am not in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

County _____ State _____ Contact Number _____

Applicant's Social Security No. _____

Applicant's Full Legal Name (*please print*) _____

Signature of Applicant _____

Date _____

Business or Occupational License Number _____