



## PERSONAL HISTORY QUESTIONNAIRE

New  Update

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

Business License:     Principal     Registered Agent/Manager

Occupational License:     Salesperson     Drive School Instructor     Traffic Safety School Instructor

Inspector     DUI School Instructor

**All lines and spaces must be completed in full. If not applicable enter (N/A).**

Full Legal Name: \_\_\_\_\_

Last
First
Middle

Additional names you have been known 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. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_     Female     Male

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Scars, marks, and/or tattoos \_\_\_\_\_

**Employment History for the past 5 years beginning with the most current (*without gaps*):**

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



Applicant's Name \_\_\_\_\_

**Personal History Questionnaire**

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

Name	Address	Phone Number

**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. If additional space required, use a separate sheet of paper.

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

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*).

\_\_\_\_\_

\_\_\_\_\_

**Child Support Information:**

Nevada Revised Statute 482.319 requires all professional and occupational licensing agencies to request statements regarding child support from applicants for new licenses and for renewal of all occupational licenses. Please mark the appropriate response and complete the remainder of the form. Failure to mark one of the three and completion of the form 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; or
- 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.



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 in this State or by any other State's occupational licensing authority?  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 hereby authorize the Department of Motor Vehicles to make any background investigation necessary as it pertains to the issuance of my license. In relation, I authorize any person or entity contacted by the Department of Motor Vehicles, its agents or employees to furnish any information or opinions they may have during the course of my initial background investigation. I release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, Department of Motor Vehicles, its agents or employees and all persons or entities furnishing information or opinions to the Department of Motor Vehicles related to my background investigation. I understand providing false information or the omission of the requested information in this questionnaire is grounds to deny, suspend, or revoke my business or occupational license. Furthermore, I understand 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

**Signatures must be original. Photocopies are not acceptable.**

State of Nevada  
County of \_\_\_\_\_  
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
Notary Public **or** Authorized Nevada DMV Representative (Notary Seal)

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 \$ _____	

Recommendation:  Approved  Denied

\_\_\_\_\_  
Signature of Employee Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor (if applicable) Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Investigator (if applicable) Date \_\_\_\_\_