



# Personal Background Information

To be completed by anyone with a Financial Interest in a Cannabis Business

Complete a separate form for each person.

Historical information requested should be given for the past 10 years, except where otherwise noted as less.  
Be sure to initial each page and any additional pages provided. Sign and date the last page.

**Digital signatures or copies will not be accepted. Only typed applications will be accepted.**

## SECTION 1: PERSONAL

<b>1. YOUR FULL LEGAL NAME</b>				
LAST	FIRST	MIDDLE	<input type="checkbox"/> SENIOR <input type="checkbox"/> JUNIOR	
<b>2. OTHER NAMES YOU HAVE USED OR HAVE BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)</b>			<b>2a. Type of Financial Interest (Owner, Investor, etc.)</b>	
<b>3. ADDRESS WHERE YOU LIVE</b>				
NUMBER	STREET		APT/ UNIT	
CITY		STATE	ZIP	
<b>4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE. PO BOX)</b>				
<b>5. CONTACT NUMBERS (INCLUDE AREA CODE)</b>				
HOME	WORK	EXT.	OTHER	CELL FAX
<b>6. CONTACT EMAIL</b>			<b>7. BEST WAY TO REACH YOU:</b>	
<b>8. CITIZENSHIP</b>				
Are you a U.S. Citizen?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>9. BIRTHPLACE</b>				
CITY	COUNTY	STATE	COUNTRY	
<b>10. BIRTHDATE (MM/DD/YYYY)</b>		<b>11. SOCIAL SECURITY NUMBER</b>		<b>12. DRIVER'S LICENSE</b>
				NUMBER: STATE: EXPIRES:
<b>13. PHYSICAL DESCRIPTION</b>				
HEIGHT:		WEIGHT:	HAIR COLOR:	EYE COLOR:
FEET	INCHES	POUNDS		



# SECTION 2: REFERENCES

## 1. LIST ALL IMMEDIATE FAMILY (NAMES, DATE OF BIRTH, & CONTACT NUMBER)

Empty space for listing immediate family members.

## 2. SPOUSE/ REGISTERED DOMESTIC PARTNER

DECEASED  
NONE

FIRST NAME	LAST NAME	DATE OF MARRIAGE/ REGISTRATION	
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## 2A. SPOUSE/ PARTNER HOME ADDRESS

NUMBER / STREET	APT/ UNIT	
CITY	STATE	ZIP CODE

## 2B. SPOUSE/ PARTNER WORK INFORMATION

NAME	NUMBER	STREET	APT/ UNIT
CITY	STATE	ZIP CODE	

## 2C. SPOUSE/ PARTNER PHONE NUMBERS (WITH ZIP CODES& EXTENSIONS)

HOME	WORK	CELL
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## 2D. SPOUSE/ PARTNER EMAIL(S)

Empty space for listing spouse/partner email addresses.

## 2E. IS THERE OR HAS THERE EVER BEEN, A RESTRAINING OR STAY-AWAY ORDER IN EFFECT INVOLVING YOU AND ANOTHER INDIVIDUAL? PLEASE PROVIDE COURT, COUNTY, & DOCKET NUMBER.

YES  
 NO

IF YES, EXPLAIN:

Large empty space for explaining any restraining or stay-away orders.



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**3. LIST OF REFERENCES**

LIST 3 TO 4 PEOPLE WHO KNOW YOU WELL, SUCH AS CLOSE PERSONAL RELATIONSHIPS, SOCIAL AND FAMILY FRIENDS, TEACHERS, MILITARY COLLEAGUES, AND/ OR CO-WORKERS

**3A. LEGAL NAME OF REFERENCE**

FIRST NAME	LAST NAME
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**HOME ADDRESS**

NUMBER	STREET	APT/ UNIT/ SUITE
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CITY	STATE	ZIP CODE
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**WORK INFORMATION**

NAME	NUMBER	STREET	APT/ UNIT/ SUITE
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CITY	STATE	ZIP CODE
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<b>HOME PHONE</b>		<b>EMAIL ADDRESS(S)</b>
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<b>WORK PHONE (WITH EXT)</b>		
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<b>CELL PHONE</b>		
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**HOW DO YOU KNOW THIS PERSON?**

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**3B. LEGAL NAME OF REFERENCE**

FIRST NAME	LAST NAME
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**HOME ADDRESS**

NUMBER	STREET	APT/ UNIT/ SUITE
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CITY	STATE	ZIP CODE
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**WORK INFORMATION**

NAME	NUMBER	STREET	APT/ UNIT/ SUITE
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CITY	STATE	ZIP CODE
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<b>HOME PHONE</b>		<b>EMAIL ADDRESS(S)</b>
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<b>WORK PHONE (WITH EXT)</b>		
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<b>CELL PHONE</b>		
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**HOW DO YOU KNOW THIS PERSON?**

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INITIAL: \_\_\_\_\_



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**3C. LEGAL NAME OF REFERENCE**

FIRST NAME		LAST NAME	
<b>HOME ADDRESS</b>			
NUMBER		STREET	APT/ UNIT/ SUITE
CITY		STATE	ZIP CODE
<b>WORK INFORMATION</b>			
NAME		NUMBER	STREET
			APT/ UNIT/ SUITE
CITY		STATE	ZIP CODE
<b>HOME PHONE</b>		<b>EMAIL ADDRESS(S)</b>	
<b>WORK PHONE (WITH EXT)</b>			
<b>CELL PHONE</b>			
<b>HOW DO YOU KNOW THIS PERSON?</b>			

INITIAL: \_\_\_\_\_



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**3D. LEGAL NAME OF REFERENCE**

FIRST NAME	LAST NAME
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**HOME ADDRESS**

NUMBER	STREET	APT/ UNIT/ SUITE
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CITY	STATE	ZIP CODE
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**WORK INFORMATION**

NAME	NUMBER	STREET	APT/ UNIT/ SUITE
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CITY	STATE	ZIP CODE
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<b>HOME PHONE</b>		<b>EMAIL ADDRESS(S)</b>
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<b>WORK PHONE (WITH EXT)</b>		
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<b>CELL PHONE</b>		
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**HOW DO YOU KNOW THIS PERSON?**

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# SECTION 3: RESIDENCY HISTORY

## 1. LIST OF RESIDENCES

- LIST ALL RESIDENCES DURING THE LAST 10 YEARS
- PROVIDE COMPLETE ADDRESSES (INCLUDE MARKERS SUCH AS STREET, DRIVE, ROAD, EAST, WEST, ETC. AND UNIT/ APT NUMBER)
- DO NOT USE PO BOXES
- IF THE RESIDENCE IS A MILITARY BASE, IDENTIFY NAME OF BASE IN ADDRESS, NEAREST CITY, STATE, AND ZIP CODE.
- DO NOT LIST MILITARY BARRACKS MATES UNLESS YOU SHARED INDIVIDUAL QUARTERS
- IF YOU NEED MORE SPACE, ATTACH ADDITIONAL SHEETS AND LABEL AS SECTION 3

### 1A. CURRENT ADDRESS

NUMBER	STREET	FROM (MM/YYYY)	
CITY	STATE	ZIP CODE	TO (MM/YYYY) CURRENT
NAME(S) OF THOSE WHOM YOU LIVE			
IF RENTING FILL OUT THIS SECTION:			
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER			
NUMBER	STREET	NAME	
CITY	STATE	ZIP CODE	PHONE

### 1B. FORMER ADDRESS

NUMBER	STREET	FROM (MM/YYYY)	
CITY	STATE	ZIP CODE	TO (MM/YYYY)
NAME(S) OF THOSE WHOM YOU LIVED WITH			
IF RENTED FILL OUT THIS SECTION			
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER			
NUMBER	STREET	NAME	
CITY	STATE	ZIP CODE	PHONE
REASON FOR MOVING:			



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1C. FORMER ADDRESS			
NUMBER	STREET	FROM (MM/YYYY)	
CITY	STATE	ZIP CODE	TO (MM/YYYY)
NAME(S) OF THOSE WHOM YOU LIVED WITH			
IF RENTED FILL OUT THIS SECTION			
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER			
NUMBER	STREET	NAME	
CITY	STATE	ZIP CODE	PHONE
REASON FOR MOVING:			
1D. FORMER ADDRESS			
NUMBER	STREET	FROM (MM/YYYY)	
CITY	STATE	ZIP CODE	TO (MM/YYYY)
NAME(S) OF THOSE WHOM YOU LIVED WITH			
IF RENTED FILL OUT THIS SECTION			
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER			
NUMBER	STREET	NAME	
CITY	STATE	ZIP CODE	PHONE
REASON FOR MOVING:			





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1E. FORMER ADDRESS			
NUMBER	STREET	FROM (MM/YYYY)	
CITY	STATE	ZIP CODE	TO (MM/YYYY)
NAME(S) OF THOSE WHOM YOU LIVED WITH			
IF RENTED FILL OUT THIS SECTION			
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER			
NUMBER	STREET	NAME	
CITY	STATE	ZIP CODE	PHONE
REASON FOR MOVING:			

1F. FORMER ADDRESS			
NUMBER	STREET	FROM (MM/YYYY)	
CITY	STATE	ZIP CODE	TO (MM/YYYY)
NAME(S) OF THOSE WHOM YOU LIVED WITH			
IF RENTED FILL OUT THIS SECTION			
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER			
NUMBER	STREET	NAME	
CITY	STATE	ZIP CODE	PHONE
REASON FOR MOVING:			

INITIAL: \_\_\_\_\_



# SECTION 4: EXPERIENCE AND EMPLOYMENT

**1. JOB EXPERIENCE**

- LIST ALL JOBS YOU HAVE HAD IN THE LAST 10 YEARS, INCLUDING PART-TIME, TEMPORARY, SELF-EMPLOYMENT, AND VOLUNTEER.
- IF YOU HAVE MILITARY EXPERIENCE, INCLUDING RESERVE DUTY, ENTER YOUR MILITARY BASE, ASSIGNMENTS, OR UNIT OF ASSIGNMENT.
- ADD ADDITIONAL SHEETS & LABEL AS SECTION 4, IF NECESSARY
- BEGIN WITH YOUR MOST CURRENT

1A. NAME OF EMPLOYER		FROM	TO
			CURRENT
ADDRESS		NAMES OF CO-WORKERS	
NUMBER                  STREET			
CITY                                  STATE                                  ZIP CODE			
JOB TITLE/ RANK HELD	SUPERVISOR NAME	SUPERVISOR PHONE NUMBER	
JOB DUTIES		SUPERVISOR EMAIL	
REASON FOR LEAVING		TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
CURRENT EMPLOYMENT/ EMPLOYER		FULL <input type="checkbox"/>	TEMP <input type="checkbox"/>
		PART <input type="checkbox"/>	SELF-EMPLOYED <input type="checkbox"/>
		VOLUNTEER <input type="checkbox"/>	

1B. NAME OF EMPLOYER		FROM	TO
ADDRESS		NAMES OF CO-WORKERS	
NUMBER                  STREET			
CITY                                  STATE                                  ZIP CODE			
JOB TITLE/ RANK HELD	SUPERVISOR NAME	SUPERVISOR PHONE NUMBER	
JOB DUTIES		SUPERVISOR EMAIL	
REASON FOR LEAVING		TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
		FULL <input type="checkbox"/>	TEMP <input type="checkbox"/>
		PART <input type="checkbox"/>	SELF-EMPLOYED <input type="checkbox"/>
		VOLUNTEER <input type="checkbox"/>	

INITIAL: \_\_\_\_\_



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<b>1C. NAME OF EMPLOYER</b>		<b>FROM</b>	<b>TO</b>
<b>ADDRESS</b>		<b>NAMES OF CO-WORKERS</b>	
NUMBER	STREET		
CITY	STATE	ZIP CODE	
<b>JOB TITLE/ RANK HELD</b>	<b>SUPERVISOR NAME</b>	<b>SUPERVISOR PHONE NUMBER</b>	
<b>JOB DUTIES</b>		<b>SUPERVISOR EMAIL</b>	
<b>REASON FOR LEAVING</b>		<b>TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)</b>	
		FULL <input type="checkbox"/>	TEMP <input type="checkbox"/>
		PART <input type="checkbox"/>	
		SELF-EMPLOYED <input type="checkbox"/>	
		VOLUNTEER <input type="checkbox"/>	
<b>1D. NAME OF EMPLOYER</b>		<b>FROM</b>	<b>TO</b>
<b>ADDRESS</b>		<b>NAMES OF CO-WORKERS</b>	
NUMBER	STREET		
CITY	STATE	ZIP CODE	
<b>JOB TITLE/ RANK HELD</b>	<b>SUPERVISOR NAME</b>	<b>SUPERVISOR PHONE NUMBER</b>	
<b>JOB DUTIES</b>		<b>SUPERVISOR EMAIL</b>	
<b>REASON FOR LEAVING</b>		<b>TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)</b>	
		FULL <input type="checkbox"/>	TEMP <input type="checkbox"/>
		PART <input type="checkbox"/>	
		SELF-EMPLOYED <input type="checkbox"/>	
		VOLUNTEER <input type="checkbox"/>	

INITIAL: \_\_\_\_\_



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<b>1E.</b>	<b>NAME OF EMPLOYER</b>	<b>FROM</b>	<b>TO</b>
<b>ADDRESS</b>		<b>NAMES OF CO-WORKERS</b>	
NUMBER	STREET		
CITY	STATE	ZIP CODE	
<b>JOB TITLE/ RANK HELD</b>	<b>SUPERVISOR NAME</b>	<b>SUPERVISOR PHONE NUMBER</b>	
<b>JOB DUTIES</b>		<b>SUPERVISOR EMAIL</b>	
<b>REASON FOR LEAVING</b>		<b>TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)</b>	
		FULL <input type="checkbox"/>	TEMP <input type="checkbox"/>
		PART <input type="checkbox"/>	
		SELF-EMPLOYED <input type="checkbox"/>	
		VOLUNTEER <input type="checkbox"/>	

<b>1F.</b>	<b>NAME OF EMPLOYER</b>	<b>FROM</b>	<b>TO</b>
<b>ADDRESS</b>		<b>NAMES OF CO-WORKERS</b>	
NUMBER	STREET		
CITY	STATE	ZIP CODE	
<b>JOB TITLE/ RANK HELD</b>	<b>SUPERVISOR NAME</b>	<b>SUPERVISOR PHONE NUMBER</b>	
<b>JOB DUTIES</b>		<b>SUPERVISOR EMAIL</b>	
<b>REASON FOR LEAVING</b>		<b>TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)</b>	
		FULL <input type="checkbox"/>	TEMP <input type="checkbox"/>
		PART <input type="checkbox"/>	
		SELF-EMPLOYED <input type="checkbox"/>	
		VOLUNTEER <input type="checkbox"/>	

INITIAL: \_\_\_\_\_



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<b>1G. NAME OF EMPLOYER</b>		<b>FROM</b>	<b>TO</b>
<b>ADDRESS</b>		<b>NAMES OF CO-WORKERS</b>	
NUMBER	STREET		
CITY	STATE	ZIP CODE	
<b>JOB TITLE/ RANK HELD</b>	<b>SUPERVISOR NAME</b>	<b>SUPERVISOR PHONE NUMBER</b>	
<b>JOB DUTIES</b>		<b>SUPERVISOR EMAIL</b>	
<b>REASON FOR LEAVING</b>		<b>TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)</b>	
		FULL <input type="checkbox"/>	TEMP <input type="checkbox"/>
		PART <input type="checkbox"/>	
		SELF-EMPLOYED <input type="checkbox"/>	
		VOLUNTEER <input type="checkbox"/>	

<b>2. HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A POSITION? IF YES, PROVIDE DATES AND EXPLANATION.</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
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<b>3. IN THE PAST 3 YEARS, HAVE YOU MISSED DAYS OR BEEN LATE TO WORK DUE TO DRUG OR ALCOHOL CONSUMPTION? IF YES, HOW OFTEN?</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
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<b>4. HAS YOUR WORK PERFORMANCE EVER BEEN AFFECTED BY YOUR USE OF ALCOHOL OR DRUGS? IF YES, WHEN? NAME OF EMPLOYER?</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
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INITIAL: \_\_\_\_\_



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# SECTION 5: LEGAL

## DISCLOSURE OF CRIMINAL HISTORY

THIS SECTION REQUIRES YOU TO REPORT DETENTIONS, ARRESTS, AND CONVICTIONS, INCLUDING DIVERSION PROGRAMS THAT WERE NOT SUCCESSFULLY COMPLETED, AND IN SOME CASES, OFFENSES THAT MAY HAVE BEEN PARDONED. YOU ARE REQUIRED TO DISCLOSE THIS INFORMATION, UNLESS SPECIFICALLY EXEMPTED BY STATE OR FEDERAL LAW.

1. HAVE YOU EVER BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY OFFENSES IN THIS STATE OR OTHER LEGAL JURISDICTIONS (INCLUDING OFFENSES IN THE UNIFORM CODE OF MILITARY JUSTICE)?

YES  
 NO

IF YES, FILL OUT BELOW. START WITH MOST RECENT

ARRESTING OR DETAINING AGENCY		CHARGE		DATE	
PENALTY		EXPLAIN IN DETAIL. INCLUDE AGENCIES CASE NUMBER.			
ARRESTING OR DETAINING AGENCY		CHARGE		DATE	
PENALTY		EXPLAIN IN DETAIL. INCLUDE AGENCIES CASE NUMBER.			
ARRESTING OR DETAINING AGENCY		CHARGE		DATE	
PENALTY		EXPLAIN IN DETAIL. INCLUDE AGENCIES CASE NUMBER.			
ARRESTING OR DETAINING AGENCY		CHARGE		DATE	
PENALTY		EXPLAIN IN DETAIL. INCLUDE AGENCIES CASE NUMBER.			
ARRESTING OR DETAINING AGENCY		CHARGE		DATE	
PENALTY		EXPLAIN IN DETAIL. INCLUDE AGENCIES CASE NUMBER.			
ARRESTING OR DETAINING AGENCY		CHARGE		DATE	
PENALTY		EXPLAIN IN DETAIL. INCLUDE AGENCIES CASE NUMBER.			
ARRESTING OR DETAINING AGENCY		CHARGE		DATE	
PENALTY		EXPLAIN IN DETAIL. INCLUDE AGENCIES CASE NUMBER.			



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<b>2. HAVE YOU EVER BEEN PLACED ON COURT PROBATION? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>3. HAVE YOU EVER BEEN A PARTY IN A CIVIL LAWSUIT? (E.G. SMALL CLAIMS, DISSOLUTIONS, CHILD CUSTODY, PATERNITY, SUPPORT, ECT) IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>4. AS AN ADULT HAVE THE POLICE EVER BEEN CALLED TO YOUR HOME FOR ANY REASON? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>6. HAVE YOU EVER BEEN THE SUBJECT OF AN EMERGENCY PROTECTIVE ORDER/ RESTRAINING ORDER/ STAY AWAY ORDER? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>7. HAVE YOU EVER FRAUDULENTLY RECEIVED WELFARE, UNEMPLOYMENT COMPENSATION, WORKERS COMPENSATION, OR OTHER STATE/ FEDERAL ASSISTANCE? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>8. HAVE YOU EVER BEEN REQUIRED TO REPAY ANY WELFARE PAYMENTS, UNEMPLOYMENT COMPENSATION, OR OTHER STATE OR FEDERAL ASSISTANCE? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>9. HAVE YOU EVER FILED A FALSE INSURANCE OR WORKERS' COMPENSATION CLAIM? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

INITIAL: \_\_\_\_\_



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**INVOLVEMENT IN CRIMINAL ACTS**

NOTE: YOU MAY NOT WITHHOLD ANY INFORMATION REGARDING YOUR INVOLVEMENT IN ANY OF THE FOLLOWING ACTS, EVEN IF FEDERAL OR STATE LAW RELIEVED YOU FROM REPORTING THE DETENTION, ARREST, OR CONVICTION THAT AROSE FROM IT.

<p><b>1. HAVE YOU COMMITTED ANIMAL ABUSE AND/ OR NEGLECT WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b></p>	<p><input type="checkbox"/>YES <input type="checkbox"/>NO</p>
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<p> </p>	<p> </p>
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<p><b>2. HAVE YOU COMMITTED ANNOYING, OBSCENE, OR HARASSING CONTACTS BY TELEPHONE OR OTHER ELECTRONIC COMMUNICATION DEVICES WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b></p>	<p><input type="checkbox"/>YES <input type="checkbox"/>NO</p>
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<p> </p>	<p> </p>
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<p><b>3. HAVE YOU COMMITTED BATTERY, USE OF FORCE, OR VIOLENCE UPON ANOTHER WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b></p>	<p><input type="checkbox"/>YES <input type="checkbox"/>NO</p>
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<p> </p>	<p> </p>
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<p><b>4. HAVE YOU BRANDISHED A WEAPON (OF ANY TYPE OF WEAPON) WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b></p>	<p><input type="checkbox"/>YES <input type="checkbox"/>NO</p>
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<p><b>5. HAVE YOU CARRIED A CONCEALED WEAPON WITHOUT A PERMIT WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b></p>	<p><input type="checkbox"/>YES <input type="checkbox"/>NO</p>
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<p> </p>	<p> </p>
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<p><b>6. HAVE YOU CONTRIBUTED TO THE DELINQUENCY OF A MINOR WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b></p>	<p><input type="checkbox"/>YES <input type="checkbox"/>NO</p>
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<b>7. HAVE YOU DEFRAUDED AN INNKEEPER (NOT PAYING FOR FOOD OR ROOM AT A HOTEL, MOTEL, CAMPGROUND, ETC.) WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>8. HAVE YOU DRIVEN UNDER THE INFLUENCE WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>9. HAVE YOU BEEN DRUNK IN PUBLIC (BEING SO INTOXICATED IN A PUBLIC PLACE THAT YOU'RE NOT ABLE TO CARE FOR YOURSELF) WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>10. HAVE YOU FILED A FALSE POLICE REPORT WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>11. HAVE YOU BEEN INVOLVED IN A HIT AND RUN COLLISION WITHIN THE PAST 10 YEARS (WITHOUT INJURIES)? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>12. HAVE YOU OR BEEN INVOLVED WITH ILLEGAL GAMBLING WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>13. HAVE YOU BEEN HUNTING AND/OR FISHING ILLEGALLY (WITH OUT A LICENSE, OUT OF SEASON, ETC.) WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

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<b>14. HAVE YOU IMPERSONATED A PEACE OFFICER (PRETENDING TO BE A POLICE OFFICER) WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>15. HAVE YOU COMMITTED INDECENT EXPOSURE AND/OR LEWD OR OBSCENE CONDUCT WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>16. HAVE YOU INTENTIONALLY WRITTEN A BAD CHECK WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>17. HAVE YOU BEEN JOYRIDING (USING A CAR OR OTHER VEHICLE WITHOUT THE OWNER'S PERMISSION) WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>18. HAVE YOU COMMITTED PEEPING (INCLUDING, BUT NOT LIMITED TO, LOOKING THROUGH A WINDOW OR OPENING WITH THE INTENT TO INVADE SOMEONE'S PRIVACY) WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>19. HAVE YOU COMMITTED PETTY THEFT (VALUE OUP TO \$950, INCLUDING SHOPLIFTING/ SWITCHING PRICE TAGS) WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>20. HAVE YOU BEEN IN POSSESSION OF ALCOHOL AS A MINOR WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO



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<b>21. HAVE YOU BEEN IN POSSESSION OF FALSIFIED OR ALTERED IDENTIFICATION, INCLUDING USE OF ANOTHER PERSON'S ID (FOR ANY REASON) WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>22. HAVE YOU BEEN IN POSSESSION OF STOLEN PROPERTY (INCLUDING, BUT NOT LIMITED TO, VEHICLES, CREDIT/DEBIT CARDS, ETC.) WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>23. HAVE YOU COMMITTED PROSTITUTION OR SOLICITATION OF PROSTITUTION WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>24. HAVE YOU COMMITTED RECKLESS DRIVING WITHIN THE PAST 10 YEARS? (INCLUDING, BUT NOT LIMITED TO, RUNNING FROM THE POLICE) IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>25. HAVE YOU RESISTED ARREST AND/OR DELAYING OR OBSTRUCTING AN OFFICER (INCLUDING, BUT NOT LIMITED TO, RUNNING FROM THE POLICE) WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>26. HAVE YOU COMMITTED TRESPASSING WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>27. HAVE YOU COMMITTED VANDALISM (INCLUDING, BUT NOT LIMITED TO, "TAGGING," MALICIOUS MISCHIEF, AND/OR PROPERTY DAMAGE) WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO



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<b>28. HAVE YOU COMMITTED ANY OTHER ACT AMOUNTING TO A MISDEMEANOR WITHIN THE PAST 10 YEARS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>29. HAVE YOU <u>EVER</u> COMMITTED ARSON (INTENTIONALLY DESTROYING PROPERTY BY SETTING A FIRE? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>30. HAVE YOU <u>EVER</u> COMMITTED ASSAULT WITH A DEADLY WEAPON (STRUCK OR THREATENED TO STRIKE SOMEONE WITH AN INSTRUMENT LIKELY TO CAUSE GREAT BODILY INJURY OR DEATH)? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>31. HAVE YOU <u>EVER</u> COMMITTED BLACKMAIL OR EXTORTION? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>32. HAVE YOU <u>EVER</u> COMMITTED BURGLARY (ENTERING A STRUCTURE OR VEHICLE TO COMMIT THEFT OR OTHER CRIME)? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>33. HAVE YOU <u>EVER</u> BEEN INVOLVED IN AN ANGER-PROVOKED PHYSICAL FIGHT, CONFRONTATION, OR OTHER VIOLENT ACT? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>34. HAVE YOU <u>EVER</u> COMMITTED CHILD MOLESTATION (PERFORMING UNLAWFUL ACTS WITH A CHILD, INAPPROPRIATE TOUCHING OF A CHILD)? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

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<b>35. HAVE YOU <u>EVER</u> COMMITTED ELDER ABUSE AND/OR NEGLECT (PHYSICAL AND/OR FINANCIAL)?</b> IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>36. HAVE YOU <u>EVER</u> COMMITTED EMBEZZLEMENT (THEFT OF MONEY OR OTHER VALUABLES ENTRUSTED TO YOU)?</b> IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>37. HAVE YOU <u>EVER</u> COMMITTED FELONY DRUNK DRIVING (INVOLVING INJURIES)?</b> IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>38. HAVE YOU <u>EVER</u> COMMITTED FORCIBLE RAPE?</b> IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>39. HAVE YOU <u>EVER</u> COMMITTED FORGERY (FALSIFYING ANY TYPE OF DOCUMENT, CHECK CERTIFICATE, LICENSE, CURRENCY, ETC)?</b> IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>40. HAVE YOU <u>EVER</u> FRAUDULENTLY USED A CREDIT, ATM, AND/OR CHECK CARD?</b> IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>41. HAVE YOU <u>EVER</u> COMMITTED GRAND THEFT (VALUE OF OVER \$950, OR ANY FIREARM)?</b> IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES	<input type="checkbox"/> YES <input type="checkbox"/> NO

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<b>42. HAVE YOU <u>EVER</u> COMMITTED HIT &amp; RUN (WITH INJURIES)? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
<b>43. HAVE YOU <u>EVER</u> COMMITTED A HATE CRIME? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
<b>44. HAVE YOU <u>EVER</u> COMMITTED ILLEGAL SEX ACTS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
<b>45. HAVE YOU <u>EVER</u> COMMITTED INSURANCE FRAUD? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
<b>46. HAVE YOU <u>EVER</u> COMMITTED MURDER, HOMICIDE, OR ATTEMPTED MURDER? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
<b>47. HAVE YOU <u>EVER</u> COMMITTED PERJURY (LYING UNDER OATH)? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
<b>48. HAVE YOU <u>EVER</u> HAD POSSESSION OF AN EXPLOSIVE/ DESTRUCTIVE DEVICE? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>



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<b>49. HAVE YOU <u>EVER</u> COMMITTED ROBBERY (THEFT FROM ANOTHER PERSON USING A WEAPON, FORCE, OR FEAR)? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
<b>50. HAVE YOU <u>EVER</u> COMMITTED STALKING? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
<b>51. HAVE YOU <u>EVER</u> COMMITTED THEFT OF A VEHICLE AND/OR VEHICLE PARTS? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
<b>52. HAVE YOU <u>EVER</u> VIEWED OR POSSESSED CHILD PORNOGRAPHY? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
<b>53. HAVE YOU <u>EVER</u> COMMITTED ANY OTHER ACT AMOUNTING TO A FELONY? IF YES, PLEASE EXPLAIN. INCLUDE COURT CASE/ DOCUMENT NUMBERS, DATES, AND CIRCUMSTANCES</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>

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ILLEGAL USE OF DRUGS

- FOR THE PURPOSE OF RESPONDING TO THE FOLLOWING QUESTIONS, "ILLEGAL DRUGS" INCLUDE THE UNAUTHORIZED OR ILLEGAL USE OF PRESCRIPTION MEDICATIONS, OR OVER-THE-COUNTER DRUGS; IT ALSO INCLUDES THE ILLEGAL USE OF ANY OTHER SUBSTANCE FOR THE PURPOSE OF GETTING "HIGH".
YOUR RESPONSES SHOULD INCLUDE, BUT NOT LIMITED TO, YOUR USE OF ANY OF THE FOLLOWING:

- AMPHETAMINES/ METHAMPHETAMINES (UPPERS, SPEED, CRANK, ETC.)
BARBITURATES (DOWNERS)
COCAINE/ CRACK COCAINE
DESIGNER DRUGS (ECSTASY, SYNTHETIC HEROIN, ETC.)
GHB (DATE RAPE DRUG)
HALLUCINOGENS (PEYOTE, LSD, MUSHROOMS)
HEROIN/ OPIUM
MESCALINE
MORPHINE
PCP/ ANGEL DUST
QUAALUDES
STEROIDS
TETRAHYDROCANNABINOL (THC)
GLUE, PAINT, OR ANY SUBSTANCE CONTAINING TOLUENE

1. WITHIN THE PAST YEAR, HAVE YOU USED ANY DRUG(S) AS INDICATED ABOVE? IF YES, GIVE DETAILS INCLUDING DRUG(S) USED, AND MOST RECENT DATE USED, AND CIRCUMSTANCES. YES NO

Empty response area for question 1.

2. EXCLUDING CANNABIS, HAVE YOU EVER ENGAGED IN ANY OF THE ACTIVITIES LISTED BELOW INVOLVING ILLEGAL DRUGS, ILLEGAL NARCOTICS, AND/OR ILLEGAL SUBSTANCES, AND/OR PRESCRIPTION DRUGS WITHOUT A PRESCRIPTION? IF YES, GIVE DETAILS INCLUDING DRUG(S) INVOLVED, OVER WHAT TIME PERIOD(S), AND CIRCUMSTANCES. YES NO

Empty response area for question 2. CHECK ALL THAT APPLY: SOLD, FURNISHED, MANUFACTURED, CULTIVATED, PURCHASED, CARRIED/ HELD FOR ANOTHER

3. DURING THE PAST 5 YEARS, HAVE YOU ASSOCIATED WITH FRIENDS, ACQUAINTANCES, HOUSEMATES, OR FAMILY MEMBERS WHO HAVE ILLEGALLY USED DRUGS OR NARCOTICS, AN/ OR ILLEGALLY USED PRESCRIPTION MEDIATIONS? IF YES, EXPLAIN. YES NO

Empty response area for question 3.

4. HAVE YOU EVER ENGAGED IN ANY OF THE ACTIVITIES LISTED BELOW INVOLVING ILLEGAL CANNABIS? IF YES, GIVE DETAILS INCLUDING WHAT TIME PERIODS AND CIRCUMSTANCES. YES NO

Empty response area for question 4. CHECK ALL THAT APPLY: SOLD, FURNISHED, MANUFACTURED, CULTIVATED, PURCHASED, CARRIED/ HELD FOR ANOTHER





# SECTION 6: MOTOR VEHICLE INFORMATION

**1. CURRENT DRIVER'S LICENSE**

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE	NAME UNDER WHICH THE LICENSE WAS GRANTED
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**2. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:**

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE	NAME UNDER WHICH THE LICENSE WAS GRANTED
STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE	NAME UNDER WHICH THE LICENSE WAS GRANTED
STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE	NAME UNDER WHICH THE LICENSE WAS GRANTED

**3. HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE BY ANY STATE? IF YES, EXPLAIN.**  YES  NO

**4. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? IF YES, EXPLAIN. INCLUDE WHEN, WHERE AND CIRCUMSTANCES.**  YES  NO

**5. LIST YOUR CURRENT INSURANCE ON YOUR VEHICLE(S)**

5A. TYPE OF COVERAGE	VEHICLE			
<input type="checkbox"/> LIABILITY <input type="checkbox"/> COLLISION <input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> BONDED <input type="checkbox"/> CASH DEPOSIT <input type="checkbox"/> OTHER:	YEAR	MAKE	MODEL	LICENSE PLATE
	INSURANCE COMPANY NAME			
	POLICY NUMBER			
ISSUE DATE	EXPIRATION DATE	NUMBER	STREET	
AGENT	PHONE NUMBER	CITY	STATE	ZIP CODE



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<b>5B.</b>	<b>TYPE OF COVERAGE</b>	<b>VEHICLE</b>			
	<input type="checkbox"/> <b>LIABILITY</b> <input type="checkbox"/> <b>COLLISION</b> <input type="checkbox"/> <b>COMPREHENSIVE</b> <input type="checkbox"/> <b>BONDED</b> <input type="checkbox"/> <b>CASH DEPOSIT</b> <input type="checkbox"/> <b>OTHER:</b>	YEAR	MAKE	MODEL	LICENSE PLATE
		INSURANCE COMPANY NAME			
		POLICY NUMBER			
	ISSUE DATE	EXPIRATION DATE	NUMBER	STREET	
AGENT	PHONE NUMBER	CITY	STATE	ZIP CODE	
<b>5C.</b>	<b>TYPE OF COVERAGE</b>	<b>VEHICLE</b>			
	<input type="checkbox"/> <b>LIABILITY</b> <input type="checkbox"/> <b>COLLISION</b> <input type="checkbox"/> <b>COMPREHENSIVE</b> <input type="checkbox"/> <b>BONDED</b> <input type="checkbox"/> <b>CASH DEPOSIT</b> <input type="checkbox"/> <b>OTHER:</b> Click here to enter text.	YEAR	MAKE	MODEL	LICENSE PLATE
		INSURANCE COMPANY NAME			
		POLICY NUMBER			
	ISSUE DATE	EXPIRATION DATE	NUMBER	STREET	
AGENT	PHONE NUMBER	CITY	STATE	ZIP CODE	
<b>5D.</b>	<b>TYPE OF COVERAGE</b>	<b>VEHICLE</b>			
	<input type="checkbox"/> <b>LIABILITY</b> <input type="checkbox"/> <b>COLLISION</b> <input type="checkbox"/> <b>COMPREHENSIVE</b> <input type="checkbox"/> <b>BONDED</b> <input type="checkbox"/> <b>CASH DEPOSIT</b> <input type="checkbox"/> <b>OTHER:</b> Click here to enter text.	YEAR	MAKE	MODEL	LICENSE PLATE
		INSURANCE COMPANY NAME			
		POLICY NUMBER			
	ISSUE DATE	EXPIRATION DATE	NUMBER	STREET	
AGENT	PHONE NUMBER	CITY	STATE	ZIP CODE	



## SECTION 7: OTHER TOPICS

### HISTORY OF THE PAST 10 YEARS

1. HAVE YOU EVER BEEN REFUSED A PERMIT TO CARRY A CONCEALED WEAPON? IF YES, EXPLAIN. INCLUDE WHEN, WHERE AND CIRCUMSTANCES.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OR ASSOCIATE OF A CRIMINAL ENTERPRISE, STREET GANG, OR ANY OTHER GROUP THAT ADVOCATES VIOLENCE AGAINST INDIVIDUALS BECAUSE OF THEIR RACE, RELIGION, POLITICAL AFFILIATION, ETHNIC ORIGIN, NATIONALITY, GENDER, SEXUAL PREFERENCE, OR DISABILITY? IF YES, EXPLAIN. INCLUDE WHEN, WHERE AND CIRCUMSTANCES.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. HAVE YOU EVER HIT, INTENTIONALLY STRUCK, OR PHYSICALLY OVERPOWERED A SPOUSE OR ROMANTIC PARTNER? IF YES, EXPLAIN. INCLUDE WHEN, WHERE AND CIRCUMSTANCES.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. DO YOU HAVE, OR HAVE YOU EVER HAD, A TATTOO SIGNIFYING MEMBERSHIP IN, OR AFFILIATION WITH, A CRIMINAL ENTERPRISE, STREET GANG, OR ANY OTHER GROUP THAT ADVOCATES VIOLENCE AGAINST INDIVIDUALS BECAUSE OF THEIR RACE, RELIGION, POLITICAL AFFILIATION, ETHNIC ORIGIN, NATIONALITY, GENDER, SEXUAL PREFERENCE, OR DISABILITY? IF YES, EXPLAIN. INCLUDE WHEN, WHERE AND CIRCUMSTANCES.	<input type="checkbox"/> YES <input type="checkbox"/> NO

## SECTION 8: AFFIRMATION AND ACKNOWLEDGMENT

I HEREBY CERTIFY THAT I HAVE PERSONALLY COMPLETED AND INITIALED EACH PIECE OF THIS FORM AND ANY ATTACHED SUPPLEMENTAL PAGE(S). IN ADDITION, I AFFIRM THAT, UNDER PENALTY OF PERJURY, THE INFORMATION CONTAINED WITHIN AND SUBMITTED WITH THIS APPLICATION FORM IS COMPLETE, TRUE AND ACCURATE. I UNDERSTAND THAT A MISREPRESENTATION OF FACT IS CAUSE FOR REJECTION OF MY APPLICATION, DENIAL OF LICENSE, OR REVOCATION OF A LICENSE ISSUED.

SIGNATURE IN FULL: \_\_\_\_\_

*DIGITAL SIGNATURES OR COPIES WILL NOT BE ACCEPTED*

DATE: \_\_\_\_\_

INITIAL: \_\_\_\_\_



## SECTION 9: ADDITIONAL INFORMATION

USE THIS SPACE TO PROVIDE INFORMATION THAT DOES NOT FIT ELSEWHERE ON THIS FORM (E.G., ADDITIONAL FAMILY MEMBERS, SCHOOLS, RESIDENCES, EMPLOYERS, EXPLANATIONS TO QUESTIONS, ETC.). REFERENCE THE CORRESPONDING QUESTIONS AND/OR SPECIFIC ITEMS.