



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

Primary Phone: _____ Additional Phone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____
City State

Driver's License No: _____ State: _____

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 #



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Applicant's Full Legal Name: _____

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

Name	Address	Phone Number

Have you ever been arrested or charged with a criminal offense (including traffic offenses) in this state, any other state, any territory of the United States, or in any other nation? ☐ Yes ☐ No

Have you ever been convicted of or pled guilty/no contest to any criminal offense (including traffic offenses) in this state, any other state, any territory of the United States, or in any other nation? ☐ Yes ☐ No

***If you answered "yes" to either question (listed above), please provide the date of arrest, nature of the offense/charge, location of offense (city, county, state, etc.), and the final outcome of the offense/charge (e.g., conviction, dismissal, pending, etc.). ***

Failure to disclose any arrest(s) and/or conviction in this state, any other state, any territory of the United States, or in any other nation may result in the denial of the application.

Date of Arrest	Nature of Offense / Charge	Location of Offense / Charge	Disposition of Offense / Charge

Are you currently, or have you ever been under supervision of a parole or probation agency of any state? If yes, 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:

An applicant for the issuance or renewal of a license issued pursuant to NRS Chapters [445B](#), [482](#), [483](#), [487](#) and [490](#), shall submit to the Department of Motor Vehicles the statement prescribed by the Division of Social Services of the Department of Human Services pursuant to [NRS 425.520](#). **Please mark the appropriate statement.** Failure to mark one of the three statements will result in denial of the application or refusal to renew license.

- ☐ 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.



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Applicant's Full Legal Name: _____

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 in this state, any other state, any territory of the United States, or in any other nation? ☐ Yes ☐ No

If "Yes", license number: _____ State: _____

Have you ever had a professional, occupational, or business license (including a driver's license) in this state, any other state, any territory of the United States, or in any other nation, which was denied, revoked, suspended, or subject to disciplinary action due to criminal conduct (arrest and/or conviction) or administrative sanctions? ☐ Yes ☐ No

****If you answered yes to either question (listed above), please provide the date of offense/arrest, nature of the offense/charge, location of offense (city, county, state, etc.), and the final outcome of the offense/charge (e.g., conviction, dismissal, pending, etc.).****

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 _____ 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.: _____

☐ Application Completed & Signed ☐ Fingerprints ☐ Background Investigation ☐ Total Fees \$ _____

Recommendation: ☐ Approved ☐ Denied

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____
(if applicable)

Signature of Investigator _____ Date _____
(if applicable)