



CANNABIS TESTING LABORATORY EMPLOYEE/OWNER BACKGROUND APPLICATION

CANNABIS TESTING LAB (CTL) APPLICANT INFORMATION

NAME AS SHOWN ON APPLICATION	LAST NAME ON APPLICATION	FIRST NAME ON APPLICATION	MIDDLE NAME ON APPLICATION

APPLICANT INFORMATION

SOCIAL SECURITY NUMBER*	LAST NAME ON SS CARD	FIRST NAME ON SS CARD	MIDDLE NAME ON SS CARD
CALIFORNIA DRIVER'S LICENSE*	LAST NAME ON CADL	FIRST NAME ON CADL	MIDDLE NAME ON CADL

SEX	AGE	DATE OF BIRTH	RACE	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> Male <input type="checkbox"/> Female							

LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (No P.O. Boxes allowed)*	MOBILE PHONE*

LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)	BIRTH COUNTRY/STATE	LANGUAGES SPOKEN

CRIMINAL HISTORY

List all arrest or convictions other than infractions for traffic violations. IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. **PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR ON THE CTL PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.**

1	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? etc.)			
2	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? etc.)			
3	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? etc.)			

STATEMENT OF PERJURY

I DECLARE UNDER THE PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA AND THE CITY OF IRVINE, THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE

PRINT NAME AND TITLE

DATE

