



TRADE LICENSE APPLICATION

221 N. Figueroa St., Suite 700
 Los Angeles, CA 90012
 (213) 482-0099

Examination Title: Date:

Applicant Name: Birth Date:

Address:

Address City State Zip

Email: Phone:

Height: Weight: Eyes: Hair:

Employer/Education – Name and Address <small>* Only show experience needed to qualify for examination</small>	Duties Related to Examination	Dates	Total Time
		From: To:	YEARS/MOS
		From: To:	YEARS/MOS
		From: To:	YEARS/MOS
		From: To:	YEARS/MOS
		From: To:	YEARS/MOS

I hereby certify that all of the information that I have given herein is true and complete to the best of my knowledge and belief. I understand that any false statement will subject me to disqualification.

Applicant's Full Signature

FOR OFFICE USE ONLY:

EXAM NUMBER	EXAM STATUS		
	Exam Date		
	Oral		
LICENSE NUMBER	Written		
	Final		
	Initial		

FEES		2nd Fees (if applicable)
Approved for Exam By		
Filing Fee		
D.S.C Surcharge		
System Surcharge		
Total Fees Due		

For Cashier's Use Only

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