



COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES AGENCY
Personal Information Form

Exhibit I

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE NUMBER: _____

APPLICANT'S BUSINESS CAPACITY OR POSITION: _____

APPLICANT'S FULL NAME: _____

OTHER NAMES USED: _____

HOME STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

E-MAIL ADDRESS: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

DRIVER'S LICENSE #: _____ SOCIAL SECURITY #: _____

DATE OF BIRTH: _____ AGE: _____ BIRTHPLACE: _____

PLEASE READ EACH OF THE FOLLOWING QUESTIONS CAREFULLY AND CHECK YES OR NO:

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME AS A RESULT OF AN ARREST, CITATION OR CRIMINAL COMPLAINT (felony, misdemeanor, infraction or county code violation – including convictions expunged pursuant to 1203.4 PC, but not including common traffic citation offenses). Yes No

DO YOU HAVE ANY ARRESTS, CITATIONS OR NOTICES OF VIOLATION THAT ARE CURRENTLY PENDING DISPOSITION? Yes No

IF YOU CHECKED YES TO EITHER OF THE ABOVE QUESTIONS, PLEASE PROVIDE THE DATE, ARRESTING/ISSUING AGENCY, NAME OF CRIME AND SENTENCE

(Attach additional sheets if necessary to provide complete disclosure):

I, UNDER PENALTY OF PERJURY, HAVE ANSWERED ALL OF THESE QUESTIONS COMPLETELY AND TRUTHFULLY. I UNDERSTAND THAT ANY INCOMPLETENESS, FALSIFICATION OR MISREPRESENTATION OF ANY FACT MAY RESULT IN THE DENIAL OF THIS APPLICATION, OR REVOCATION OF ANY LICENSE ISSUED.

APPLICANT'S SIGNATURE

DATE

PLEASE ATTACH A LEGIBLE COPY OF YOUR PHOTO IDENTIFICATION (E.G., STATE ISSUED DRIVER'S LICENSE OR IDENTIFICATION CARD, OR PASSPORT).