



## Instructions

- 1 You must include a check or money order for **\$250**, payable to the State Board of Guide Dogs for the Blind, with your application. Do not send cash.
- 2 The fee and completed application must be received at least ten days before the examination date.
- 3 **NOTICE:** Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the board. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.

### for office use only

APPROVED \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

## Address

APPLICANT: **NAME**

DATE OF BIRTH: **MONTH/DAY/YEAR**

RESIDENCE ADDRESS: **NUMBER AND STREET**

**CITY**

**STATE**

**ZIP**

DAYTIME PHONE: **AREA CODE AND NUMBER**

**SOCIAL SECURITY NUMBER OR  
 FEDERAL EMPLOYER IDENTIFICATION NUMBER**

## Education and experience

Give details about your education, training, and experience—such as employment, schools, classes, books read, letters of recommendation—that demonstrate your knowledge of the special problems of the blind and how to teach them. If applicable, include the number of person/dog units you have trained as an apprentice instructor or instructor. Attach extra sheets if needed.

DATES: FROM/TO	NAME AND ADDRESS: SCHOOL OR EMPLOYER	DETAILS OF EXPERIENCE	PERSON/DOG UNITS



## Background information

Answer the following questions and explain if necessary. Attach extra sheets if needed.

**HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN A MINOR TRAFFIC VIOLATION?  
 IF YES, GIVE FULL DETAILS.**

**YES NO**

**HAVE YOU EVER BEEN DENIED A LICENSE OF ANY KIND OR HAD A LICENSE SUSPENDED OR REVOKED?  
 IF YES, GIVE FULL DETAILS.**

**YES NO**

**HAVE YOU EVER BEEN CONVICTED OF A CRIME OR HAD DISCIPLINARY ACTION TAKEN AGAINST YOU BY  
 ANOTHER GOVERNMENT AGENCY WITHIN OR OUTSIDE THE STATE?**

**YES NO**

## Supporting documents

Attach supporting documents for the number of person/dog units trained.

## Signature statement

I certify under penalty of perjury that the information I provided on this application and any appended sheets is true.



NAME

DATE

THE BOARD WILL NOTIFY YOU OF THE DATE AND PLACE OF YOUR EXAMINATION.