

# Application for a license to operate a guide dog school

## General information

- 1 Please provide all the information requested on this form. If you leave out any information, the Board will reject your application.
- 2 The Board will use your information to determine if you are eligible for a license. We will share your information with other governmental and law enforcement agencies as appropriate.
- 3 State and Federal laws authorize the Board to collect your Social Security or Federal employer identification number. We will use your number to verify your identity with a national licensing or examination entity where licensing is reciprocal with another state. We will also use your number for tax enforcement and compliance with any judgment or order for family support.
- 4 If you do not provide your Social Security or Federal employer identification number, we will not process your application.
- 5 With limited exceptions, an individual has the right to review the records the State Board of Guide Dogs for the Blind has maintained on that person. To review your information, contact us at:
  -  1625 North Market Boulevard, Suite S-202, Sacramento, CA 95834
  -  916.574.7825 or 866.512.9103
- 6 Please keep this page for your records.



**for office use only**

APPROVED .....

LICENSE NAME .....

DATE ISSUED .....

# Instructions

- 1 Fill out the application and remember to attach all required documents.

## Applicant

APPLICANT: **NAME** .....

ADDRESS: **NUMBER AND STREET** .....

**CITY** ..... **STATE** ..... **ZIP** .....

DAYTIME PHONE: **AREA CODE AND NUMBER** ..... **SOCIAL SECURITY NUMBER OR**  
**FEDERAL EMPLOYER IDENTIFICATION NUMBER** .....

## School: address

PROPOSED SCHOOL: **NAME** .....

SCHOOL ADDRESS: **NUMBER AND STREET** .....

**CITY** ..... **STATE** ..... **ZIP** .....

SCHOOL PHONE: **AREA CODE AND NUMBER** .....

## School: partner[s], officer[s] or director[s]

List the name, address and title of anyone associated with the school as partner[s], officer[s] or director[s]. Attach extra sheets if needed.

NAME	ADDRESS	TITLE
.....	.....	.....
.....	.....	.....
.....	.....	.....



## Background information

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

<b>HAVE YOU OR ANY OF YOUR PARTNERS, OFFICERS OR DIRECTORS EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN A MINOR TRAFFIC VIOLATION? IF YES, GIVE FULL DETAILS.</b>	<b>YES</b>	<b>NO</b>
<b>HAVE YOU OR ANY OF YOUR PARTNERS, OFFICERS OR DIRECTORS EVER BEEN DENIED A LICENSE OF ANY KIND OR HAD A LICENSE SUSPENDED OR REVOKED, INDIVIDUALLY OR AS AN ORGANIZATION? IF YES, GIVE FULL DETAILS.</b>	<b>YES</b>	<b>NO</b>
<b>HAVE YOU OR ANY OF YOUR PARTNERS, OFFICERS OR DIRECTORS EVER BEEN CONVICTED OF A CRIME OR HAD DISCIPLINARY ACTION TAKEN AGAINST YOU BY ANOTHER GOVERNMENT AGENCY WITHIN OR OUTSIDE THE STATE?</b>	<b>YES</b>	<b>NO</b>
<b>HAVE YOUR PREMISES BEEN INSPECTED BY ANY PUBLIC AGENCY? IF YES, LIST THE NAME AND ADDRESS OF THE AGENCY AND ATTACH SUMMARY OF THE INSPECTION REPORT.</b>	<b>YES</b>	<b>NO</b>
1 AGENCY: <b>NAME</b> ADDRESS: <b>NUMBER AND STREET</b>  		
<b>CITY</b> STATE ZIP		
2 AGENCY: <b>NAME</b> ADDRESS: <b>NUMBER AND STREET</b>  		
<b>CITY</b> STATE ZIP		



## 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: EMPLOYER	DETAILS OF EXPERIENCE	PERSON/DOG UNITS



## Financial information

List the name and address of the financial institution where the proceeds of fundraising shall be placed on deposit.

FINANCIAL INSTITUTION: **NAME**

**NUMBER AND STREET**

**CITY**

**STATE**

**ZIP**

## Balance sheet

Attach a balance sheet listing all assets and liabilities that has been prepared within 90 days of the filing date of this application.

## Operations

Attach a detailed plan of operation for the proposed guide dog school. The plan must include, but is not limited to, a plan for the school's physical facilities and layout; a full lesson plan for instructing blind persons in the use of guide dogs; a plan for selecting and training guide dogs; and an outline for training apprentice instructors.

## Instructor[s]

List the name, licensee name, home address and phone number of the licensed California guide dog instructor who shall be employed by the school. If you have not yet employed an instructor, what is your plan for hiring a licensed instructor as required by law?

INSTRUCTOR: **NAME**

**LICENSEE NAME**

HOME ADDRESS: **NUMBER AND STREET**

**CITY**

**STATE**

**ZIP**

**PHONE**

## Supporting documents

Please submit any additional information you have to support your application. The Board may need supplemental data.

## Signature statement

I certify under penalty of perjury of the laws of the State of California that the information I provided on this application (including attachments) is true and correct to the best of my abilities. I understand that failure to provide accurate and truthful information on this application may be cause for denial of my application.

 **NAME**

**DATE**