

CITATION REVIEW PANEL MEMBER (INDUSTRY) APPLICATION INSTRUCTIONS

IMPORTANT: Complete this application in accordance with the instructions below. Submit the completed application to the Bureau of Automotive Repair (BAR) at the address listed above.

REQUIRED INFORMATION: Complete all fields. If not applicable, indicate N/A. Attach additional pages if necessary.

1. **NAME:** Provide your first, middle, and last name.
2. **HOME ADDRESS:** Provide your street address, city, state, and zip code.
3. **MAILING ADDRESS:** If you prefer to receive your correspondence from BAR at an address other than your home address, such as a PO Box, please provide a mailing address.
4. **HOME TELEPHONE NUMBER:** Provide your home area code and phone number.
5. **WORK TELEPHONE NUMBER:** Provide your work area code and phone number.
6. **EMAIL ADDRESS:** Provide your email address.
7. **BACKGROUND:** Select YES or NO for each question. If YES, provide all applicable information. Any applicable information not provided may result in the denial of the application.
8. **CERTIFICATION:** Read, sign, and date the application. Your signature affirms that all statements are true and correct. Any false statement made on this application may result in denial of the application.

NOTICE ON COLLECTION OF PERSONAL INFORMATION

COLLECTION AND USE OF PERSONAL INFORMATION

BAR and the Department of Consumer Affairs (DCA) collect the personal information requested on this form as authorized by the California Code of Regulations, title 16, section 3394.54 and the Information Practices Act (Civil Code section 1798 and following). BAR uses this information, in accordance with DCA's Privacy Policy, principally to identify and evaluate applicants for licensure, issue and renew licenses, enforce licensing standards, and approving panel members as set by law and regulation.

MANDATORY SUBMISSION

Submission of the requested information is mandatory. BAR cannot consider your application unless you provide all requested information.

ACCESS TO PERSONAL INFORMATION

Submission of the requested information is mandatory. BAR cannot consider your application for certification or renewal unless you provide all requested information.

POSSIBLE DISCLOSURE OF PERSONAL INFORMATION

BAR makes every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act (PRA) request (Government Code section 7920 and following) as allowed by the Information Practices Act.
- To another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

CONTACT INFORMATION

For questions about this notice or access to your records, contact the BAR PRA Unit at 10949 North Mather Blvd., Rancho Cordova, CA 95670, by phone at (855) 735-0465, or by email at bar.pra@dca.ca.gov.

For questions about the DCA's Privacy Policy contact DCA at 1625 North Market Blvd., Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov.

<p>d. Are you a member of or representative for an automotive trade association(s)/organization(s)?</p> <p>If YES, list the name of the association(s)/organization(s), length of membership, role, and length of time served in role (if applicable).</p>	<p>YES</p>	<p>NO</p>
<p>e. Do you have experience with automotive collision repair?</p> <p>If YES, please provide a statement about your experience.</p>	<p>YES</p>	<p>NO</p>
<p>f. Do you have automotive industry experience in addition to or instead of what is listed in 7a. and 7e.?</p> <p>If YES, please list your other automotive industry experience.</p>	<p>YES</p>	<p>NO</p>

8. CERTIFICATION

I certify under penalty of perjury under the laws of the state of California that all the statements I have made in this application and all attached supporting documents pertaining to this application are true and correct.

SIGNATURE _____ TITLE _____ DATE _____

NOTE: Once submitted, your application becomes the property of BAR and will be kept as a matter of record. MAKE A COPY OF THIS COMPLETED AND SIGNED APPLICATION FOR YOUR RECORDS.