



SAN DIEGO COUNTY SHERIFF'S OFFICE

LICENSING DIVISION

9621 Ridgeway Court, PO Box 939062
San Diego, CA 92193-9062



MANAGER REGISTRATION APPLICATION

FEES: \$124.00 (Annually) *(Fees are non-refundable)*

FILE # _____

1. Photo identification (i.e., California Driver's License) 3. Release & Waiver Form 5. Live Scan \$49.00
2. If not born in U.S. submit permanent residence status, I-94 or U.S. Passport 4. Two 2"x 2" color photos

Type of business or activity for which you are applying _____

Business Establishment Name _____ Telephone _____

Affiliation with business or title (check one) ☐ Owner ☐ Manager ☐ Officer ☐ Partner

Name _____ (_____) _____
(Last) (First) (Middle) Telephone _____

All other names used (Past and present. Include maiden name) _____

Date of Birth _____ Place of Birth _____ Gender _____

Height _____ Weight _____ Hair _____ Eyes _____

Driver's License No: _____ State Issued _____ Soc. Sec. No: _____ - _____ - _____

Residence _____

List Previous Residences for Past Five (5) years:

List all charges (misdemeanors & felonies) resulting in conviction or plea of nolo contendere:

Date Charge Investigating Agency Disposition

I hereby certify under penalty of perjury that the statements made in this application are true and correct to the best of my knowledge and belief. I understand that any false statements or information are grounds for denial of this application. I agree to have all the required notices, unless otherwise specified, sent by U.S. mail to the address given on the application. The right of reasonable inspection shall be a condition for issuance of this license.

Signature of Applicant _____ Date _____

TO BE COMPLETED BY LICENSED EMPLOYER

It is my intention to employ this applicant following approval of this application.

Business Name _____ Telephone _____

Business Address _____

Employer Signature _____ Date _____

SHERIFF'S USE: Background completed: Date _____ By _____
Licensing Supervisor: ☐ Approved ☐ Denied Date _____ By _____
Comments _____