

CITATION REVIEW PANEL MEMBER (CONSUMER) 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

You may review the records maintained by BAR that contain your personal information, as permitted by the Information Practices Act. See below for contact 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.



CITATION REVIEW PANEL MEMBER (CONSUMER) APPLICATION

FOR BAR USE ONLY
Reviewed and Approved By: _____
Date Processed: _____

Please type or print legibly in ink. Complete all fields. If not applicable, indicate N/A.

1. NAME			Last	First	Middle
2. HOME ADDRESS			Number and Street	Suite or Unit #	City State Zip Code
3. MAILING ADDRESS			Number and Street or PO Box	Suite or Unit #	City State Zip Code
4. HOME TELEPHONE NUMBER			5. WORK TELEPHONE NUMBER		
6. EMAIL ADDRESS					
7. BACKGROUND					
a. Do you or anyone in your immediate family have any experience working in the automotive repair industry in any capacity? If YES, please list your/their automotive industry experience.				YES	NO
b. Have you ever filed a consumer complaint with BAR? If YES, provide a brief description of the complaint and the investigation outcome.				YES	NO
c. Do you know or have any type of personal relationship with anyone who is or was employed by BAR? If YES, provide the name of the individual.				YES	NO
d. Do you have a repair shop that you regularly take your vehicle(s) to for automotive repair services? If YES, provide the name and location of the repair shop.				YES	NO
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 _____ 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.