BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

BUREAU OF AUTOMOTIVE REPAIR | EXECUTIVE OFFICE 10949 North Mather Boulevard, Rancho Cordova, CA 95670 P (916) 403-8600 F (916) 464-3424 | www.bar.ca.gov



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.

BAR- 801 (9/21/2023) Page 1 of 3



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR BUREAU OF AUTOMOTIVE REPAIR | EXECUTIVE OFFICE 10949 North Mather Boulevard, Rancho Cordova, CA 95670 P (916) 403-8600 F (916) 464-3424 | www.bar.ca.gov



CITATION REVIEW PANEL MEMBER (INDUSTRY) 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				
I. IVAIILE							
2. HOME ADDRES	S	Number and Street	Suite or Unit #	City	State	Zip Co	de
3. MAILING ADDRE		Number and Street or PO Box	Suite or Unit #	City	State	Zip Co	de
J. MAILING ADDIN	-55			•		•	
4. HOME TELEPH	ONE NUMBER		5. WORK TELEP	HONE NUMBER			
6. EMAIL ADDRES	SS						
O. EMAIL ADDICE	,,,						
7. BACKGROUND							
a Are you dir	actly or indirectly in contr	ol of a current or prior regis	stration license or	cortification issue	nd by BAP2	YES	NO
			stration, neerise, or	Certification issue	d by BAIL:	123	140
If YES, list th	ne registration number(s) ar	nd/or certificates.					
h 11						VE0	NO
b. Have you ever	ver nad a registration, lice	nse, or certification denied	, suspended, revok	tea, or placed on p	robation	YES	NO
_							
lf YES, provi	de a statement of explanati	on.					
c. Has DCA or	BAR ever issued you a c	itation?				YES	NO
If YES, prov	ide a statement of explanati	on.					

BAR- 801 (9/21/2023) Page 2 of 3

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

BAR- 801 (9/21/2023) Page 3 of 3