



CALIFORNIA EXPOSITION & STATE FAIR MEGAN'S LAW (MULTIPLE APPLICANT)

One of the fundamental responsibilities of the California Exposition & State Fair (Cal Expo) is to protect the public. In 1998, Cal Expo implemented a policy requiring that all persons conducting business with, employed by, or volunteering at Cal Expo shall provide the necessary personal information to enable their names to be searched through the Department of Justice's Megan's Law files. This file consists of records of individuals convicted of specific sex offenses who are required by Penal Code Section 290 to register as sex offenders.

		MULTIPLE APPLICANT INF	ORMATION				
This fo		eted legibly, with all informati t to the Cal Expo Personnel Off			OT BE AC	CEPTED.	
COMPANY/ORGANIZATION/APPLICANTS NAME SUBMITTING: PRODUCT/SERVIC					E PROVIDED:		
REPRESENTATIVE FULL NAME:					Phone Number:		
				()	-	
Type of Business/Group/Posit	ION (CHECK ONE):						
Contractor Consulta		iaire Exhibitor Tenant	Volunteer [OTHER	:		
	PRINT CLEARLY	. ALL ITEMS MUST BE COMPLE	TELY FILLED OUT	AND LEG	BIBLE.		
By signing below, I certify tha Failure to comply will be caus		TE LISTING OF ALL PERSONS SCHEDUL THE ENTIRE APPLICATION.	ed to work/volum	ITEER FOR	LISTED	ORGANIZATION WITH CAL EXPO.	
Representative Signature:						Date:	
A						//	
Applicant Full Name:						Date:	
						/	
Date of Birth:	ZIPCODE:	DRIVER'S LICENSE/ID #:	Issuing State:	Phone	Numbi	ER:	
//				()	-	
Applicant Full Name:						Date:	
						//	
Date of Birth:	ZIPCODE:	DRIVER'S LICENSE/ID #:	Issuing State:	Phone	Numbi	ER:	
//				()	-	
Applicant Full Name:						Date:	
						//	
Date of Birth:	ZIPCODE:	DRIVER'S LICENSE/ID #:	Issuing State:	Phone	Numbi	ER:	
//				()	-	
Applicant Full Name:						Date:	
						//	
Date of Birth:	ZIPCODE:	DRIVER'S LICENSE/ID #:	Issuing State:	Phone	Numbi	ER:	
//				()	_	

DATE OF BIRTH: ZIPCODE: DRIVER'S LICENSE/ID #: ISSUING STATE: PHONE NUMBER
DATE OF BIRTH: ZIPCODE: DRIVER'S LICENSE/ID #: ISSUING STATE: PHONE NUMBER:
DATE OF BIRTH: ZIPCODE: DRIVER'S LICENSE/ID #: ISSUING STATE: PHONE NUMBER:
DATE OF BIRTH: ZIPCODE: DRIVER'S LICENSE/ID #: ISSUING STATE: PHONE NUMBER:
DATE OF BIRTH: ZIPCODE: DRIVER'S LICENSE/ID #: ISSUING STATE: PHONE NUMBER:
/ () -
/ () -
/ () - APPLICANT FULL NAME: DATE:
APPLICANT FULL NAME: DATE:
·//
DATE OF BIRTH: ZIPCODE: DRIVER'S LICENSE/ID #: ISSUING STATE: PHONE NUMBER:
/ () -
Applicant Full Name: Date:
/
DATE OF BIRTH: ZIPCODE: DRIVER'S LICENSE/ID #: ISSUING STATE: PHONE NUMBER:
/ () -
APPLICANT FULL NAME: DATE:
//
DATE OF BIRTH: ZIPCODE: DRIVER'S LICENSE/ID #: ISSUING STATE: PHONE NUMBER:
/ () -
Applicant Full Name: Date:
/
DATE OF BIRTH: ZIPCODE: DRIVER'S LICENSE/ID #: ISSUING STATE: PHONE NUMBER:
/ () -
Applicant Full Name: Date:
//
DATE OF BIRTH: ZIPCODE: DRIVER'S LICENSE/ID #: ISSUING STATE: PHONE NUMBER:
/ () -
Applicant Full Name: Date:
/
DATE OF BIRTH: ZIPCODE: DRIVER'S LICENSE/ID #: ISSUING STATE: PHONE NUMBER:
/ () -