



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.

REQUESTING DEPARTMENT INFORMATION		
NAME	PHONE NUMBER	EMAIL
DEPARTMENT REQUESTING INFORMATION		DATE OF REQUEST

MULTIPLE APPLICANT INFORMATION				
THIS FORM MUST BE COMPLETED LEGIBLY, WITH ALL INFORMATION REQUESTED, OR IT WILL NOT BE ACCEPTED. SUBMIT TO THE CAL EXPO PERSONNEL OFFICE PRIOR TO THE EVENT.				
COMPANY/ORGANIZATION/APPLICANTS NAME SUBMITTING:			PRODUCT/SERVICE PROVIDED:	
REPRESENTATIVE FULL NAME:			PHONE NUMBER:	
			() -	
TYPE OF BUSINESS/GROUP/POSITION (CHECK ONE):				
<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> CONSULTANT <input type="checkbox"/> CONCESSIONAIRE <input type="checkbox"/> EXHIBITOR <input type="checkbox"/> TENANT <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> OTHER:				
PRINT CLEARLY. ALL ITEMS MUST BE COMPLETELY FILLED OUT AND LEGIBLE.				
BY SIGNING BELOW, I CERTIFY THAT THIS IS AN ACCURATE LISTING OF ALL PERSONS SCHEDULED TO WORK/VOLUNTEER FOR LISTED ORGANIZATION WITH CAL EXPO. FAILURE TO COMPLY WILL BE CAUSE FOR REJECTION OF THE ENTIRE APPLICATION.				
REPRESENTATIVE SIGNATURE:			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:	
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APPLICANT FULL NAME:					DATE:
					___/___/___
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APPLICANT FULL NAME:					DATE:
					___/___/___
DATE OF BIRTH:	ZIPCODE:	DRIVER'S LICENSE/ID #:	ISSUING STATE:	PHONE NUMBER:	
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					___/___/___
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					___/___/___
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APPLICANT FULL NAME:					DATE:
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APPLICANT FULL NAME:					DATE:
					___/___/___
DATE OF BIRTH:	ZIPCODE:	DRIVER'S LICENSE/ID #:	ISSUING STATE:	PHONE NUMBER:	
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