This form is to be used by an applicant as part of your DPOR license, certification, or registration application. The information requested is in regard to your affirmative response(s) to the question regarding denial of a license, certification, or registration and should be included with your application package. If you did not report any denial of a license, certification, or registration on your application, this form is not required.

This form is to be submitted directly to the applicable DPOR Board Section at the address provided above.

**APPLICANT INFORMATION**

- Individual/Business Name:
  - Individual Legal Name (As it appears on your government issued ID or other legal documentation.)
  - Business/Sole Proprietor Name

- Profession:

- Provide one of the following identification number *:
  - Business - Federal Employee Identification Number (EIN):
  - Individual - Social Security or Virginia DMV Control Number:

* Use the same identification number as used on file with DPOR from a previous application.

**DENIED LICENSURE, CERTIFICATION, OR REGISTRATION**

**Applicants** - if you answered 'yes' on your license, certification or registration application; after being refused or denied a professional, occupational, or business license, certification, or registration by any (including Virginia) local, state or national regulatory body; complete the following table:

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<th>Type of License, Certification, or Registration</th>
<th>License, Certification, or Registration No.</th>
<th>State/Jurisdiction</th>
<th>Reason for Denial</th>
<th>Date of Denial</th>
<th>Case Number</th>
<th>Decision (fine, suspension, revocation, etc.)</th>
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* Provide a certified copy of the final order, decree or case decisions by a court or regulatory agency with lawful authority to issue such order, decree or case decisions.

**SIGNATURE**

I, the undersigned, certify that the foregoing statements and answers are true, and that I have not suppressed any information that might affect the Board's decision to approve my pending application.

Signature ___________________________ Print Name ___________________________ Date __________

Title ___________________________

(Businesses Only)