

BACKGROUND INFORMATION CHANGE DISCLOSURE FORM
SUPPLEMENTAL STATEMENT (ATTACHMENT SHEET)

(PER INSURANCE CODE SECTION 1729.2)

SECTION F: You May Use This Supplemental Attachment Sheet to provide your supplemental statement and/or additional details to the Department regarding your background change being reported. ATTACH ADDITIONAL PAGES IF NECESSARY. Please Type or Print Clearly.

NAME: _____ **LICENSE:** _____

I CERTIFY OR DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE STATEMENTS MADE ARE FULL, TRUE AND CORRECT. I HAVE NO OTHER UNREPORTED CHANGES IN BACKGROUND INFORMATION TO REPORT AS REQUIRED UNDER CIC 1729.2.

Signature _____ Date: _____ City _____ State _____ Zip _____

PRINT NAME: _____ Applicant's Title _____
(If Organization/Business Entity)

Name of Organization (if Organization/Business Entity): _____