



**GENERATE MY ADS LICENSE EVALUATION**

**GENERATE MY ADS RESPECTS THE PRIVACY OF YOUR INFORMATION. WE WILL USE THE INFORMATION YOU PROVIDE TO EVALUATE YOUR BUSINESS QUALIFICATIONS AS A GENERATE MY ADS LICENSEE. PLEASE FILL IN THE FOLLOWING INFORMATION AS COMPLETELY AS POSSIBLE.**

**PRIVACY POLICY** ALL INFORMATION PROVIDED IS KEPT CONFIDENTIAL AND WILL NOT BE DISCLOSED EXCEPT FOR PURPOSES OF VERIFICATION

**LICENSE  
EVALUATION  
FORM A**

PLEASE ANSWER ALL QUESTIONS, PLEASE WRITE CLEARLY OR PRINT

**PERSONAL INFORMATION**

|                                      |  |                      |  |             |  |                         |  |
|--------------------------------------|--|----------------------|--|-------------|--|-------------------------|--|
| LAST NAME                            |  | FIRST NAME           |  | MIDDLE NAME |  | SOCIAL SECURITY NUMBER  |  |
| DATE OF APPLICATION<br>/ /           |  | BIRTHDATE<br>/ /     |  | AGE         |  | TELEPHONE NUMBER<br>( ) |  |
| CURRENT ADDRESS                      |  | CITY                 |  | STATE       |  | ZIP                     |  |
| PREVIOUS ADDRESS                     |  | CITY                 |  | STATE       |  | ZIP                     |  |
| HEIGHT<br>ft. in.                    |  | WEIGHT               |  | SINGLE      |  | MARRIED                 |  |
| FULL NAME OF SPOUSE                  |  | OCCUPATION OF SPOUSE |  | WIDOWED     |  | HOW LONG?               |  |
| NAMES AND AGES OF DEPENDENT CHILDREN |  |                      |  |             |  |                         |  |

**APPLICANT'S BUSINESS PLANS**

|   |                                    |
|---|------------------------------------|
| WILL THE BUSINESS BE OWNED AND OPERATED BY YOURSELF OR A GROUP? |                                    |
| PLEASE EXPLAIN FULLY.   |                                    |
| AMOUNT OF CAPITAL AVAILABLE FOR THIS BUSINESS                   |                                    |
| DESCRIBE FULLY  |                                    |
| TERRITORY FOR WHICH APPLICATION MADE                            | WOULD YOU CONSIDER ANY OTHER AREA? |
| WHAT AREA(S)?   |                                    |



**EDUCATION**

PLEASE LIST ALL EDUCATION YOU HAVE RECEIVED INCLUDING HIGH SCHOOL, COLLEGE, MILITARY OR SPECIAL TRAINING.

|                    |                                   |                        |                      |
|--------------------|-----------------------------------|------------------------|----------------------|
| NAME OF SCHOOL     | DATES OF ATTENDANCE<br>/ / TO / / | MAJOR AND MINOR FIELDS | % OF EXPENSES EARNED |
| LOCATION OF SCHOOL | GRADE AVERAGE OR CLASS STANDING   | DIPLOMA OR DEGREE      | DATE OF GRADUATION   |
| NAME OF SCHOOL     | DATES OF ATTENDANCE<br>/ / TO / / | MAJOR AND MINOR FIELDS | % OF EXPENSES EARNED |
| LOCATION OF SCHOOL | GRADE AVERAGE OR CLASS STANDING   | DIPLOMA OR DEGREE      | DATE OF GRADUATION   |

**BUSINESS AND EXPERIENCE RECORD**

GIVE A COMPLETE RECORD OF YOUR EXPERIENCE, BEGINNING WITH YOUR PRESENT OR LAST POSITION, INCLUDE MILITARY SERVICE, INDICATE BY ASTERISK (\*) THOSE EMPLOYERS YOU DO NOT WISH US TO CONTACT.

|  |  |                             |               |
|--|--|-----------------------------|---------------|
| HAVE YOU BEEN IN BUSINESS FOR YOURSELF |  |                             |               |
| NAME AND ADDRESS OF EMPLOYER           |  |                             |               |
| POSITION, TITLE AND DUTIES             |  |                             |               |
| DATES OF EMPLOYMENT<br>FROM / / TO / / |  | SUPERVISOR'S NAME AND TITLE |               |
| REASON FOR SEPARATION                  |  | BEGINNING SALARY            | ENDING SALARY |
| NAME AND ADDRESS OF EMPLOYER           |  |                             |               |
| POSITION, TITLE AND DUTIES             |  |                             |               |
| DATES OF EMPLOYMENT<br>FROM / / TO / / |  | SUPERVISOR'S NAME AND TITLE |               |
| REASON FOR SEPARATION                  |  | BEGINNING SALARY            | ENDING SALARY |
| NAME AND ADDRESS OF EMPLOYER           |  |                             |               |
| POSITION, TITLE AND DUTIES             |  |                             |               |
| DATES OF EMPLOYMENT<br>FROM / / TO / / |  | SUPERVISOR'S NAME AND TITLE |               |
| REASON FOR SEPARATION                  |  | BEGINNING SALARY            | ENDING SALARY |

The Undersigned Confirms that the above information is provided to the best of their knowledge.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
 Rev. 2/20/2011

