

Department Issuing: _____

Cal Expo Contact Person: _____

California Exposition & State Fair

Megan's Law Form

This form must be completed legibly, with all information requested or it will not be accepted. Typewritten forms may be substituted but must contain the same information in columnar form and, attached to this form, **INCLUDING name of person/company, on each page.** Submit information promptly to Cal Expo, prior to event. *See prior page for the reasons for submission of form.

Company/Organization/Applicants Name Submitting: _____

Product or type of service provided: _____ Contact Telephone #: _____

Type of Business/Group/Position (circle one): Contractor Consultant Concessionaire Exhibitor Tenant Volunteer

Other/explanation if needed: _____

PLEASE PRINT CLEARLY. ALL ITEMS MUST BE COMPLETELY FILLED OUT (excluding an attached list of names/info) AND LEGIBLE.

I certify that this is an accurate listing of all persons scheduled to work/volunteer for listed organization/business during the California State Fair. **Failure to comply will be cause for rejection of the entire application.**

Applicants or Business/Group Representative's Signature		Printed Name		Date
Full Name (First, Middle, Last)	Date of Birth	Driver's License/ID Number and State Issued By	Residential Zip Code	

May be continued on reverse. Duplicate form if additional space is required.

