



Application for Manufacturer or Distributor Endorsement Personnel Form

(Applicant may upload this form or upload its own form for each person identified, in pdf format, with the information required in Ohio Administrative Code 109:1-5-16 (B).)

Applicant Manufacturer or Distributor _____

Manufacturer or Distributor Ohio License number: _____

Personnel name _____
(First) (Middle) (Last)

Any other names used: _____ Date of birth: _____
(month, date, year)

Position / Title: _____ License number: _____
(if used)

Address: _____
(city, state, zip)

Social Security: _____ Telephone number: _____
(daytime)

List any businesses you have held any ownership interest in during the past ten years: (except for publicly traded companies unless the ownership interest is 10% or more)

List Employment history (over the last ten years):

Signature: _____ Date: _____