

State of California, Department of Justice
Standard Application for CCW License

Section 7 - Investigator's Interview Notes

Applicant Name: Jacobs Thomas Claude
Last First Middle

Date of Birth: [REDACTED] 81 Age 58

Social Security No.: [REDACTED] [REDACTED] 5349

California DL/ID No.: S0317066

Driver's License Restrictions: _____

Residence Address:

3309 Padilla way San Jose CA 95148
Number Street Apt. City State Zip

Mailing address (if different):

Number Street Apt. City State Zip

Home / Personal Phone Numbers: (408) 274-3774 or (408) 499-0800

Spouse's Name and Address: Mary Ventre Jacobs

3309 Padilla way, San Jose, CA 95148

Applicant Occupation: General Contractor

Business / Employer Name: Thomas Jacobs Construction

Business Phone Number: : (408) 499-0800

Business Address:

3309 Padilla way San Jose CA 95148
Number Street Apt. City State Zip

1. List all previous home addresses for the past five years.

None

