

**Smooth Transitions
License Application**

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email Address: _____

Age Range: _____ 20-29 _____ 30-39 _____ 40-49 _____ 50-59 _____ 60+

Education: _____

Work Experience:

Work/Experience related to seniors:

Reasons for wanting to be a senior move manager:

Things you like to do best:

Things you like to do least:

General geographical area you wish to serve:

Personal Strengths:

Personal Weaknesses:

Personal/Professional goals:

Organizations you belong to:

I attest that the information I have provided is correct to the best of my knowledge.

The undersigned authorized Smooth Transitions, LLC, to make such inquiries by an independent agency to verify character, reputation and criminal history.

Signed:

(Print Name)

Mail to:
Smooth Transitions
601 Briar Hill Road
Louisville, KY 40206-3011