



STATE OF NEVADA
FINANCIAL INSTITUTIONS DIVISION
DEPARTMENT OF BUSINESS AND INDUSTRY
ATTN: APPLICATION PROCESSING

1830 E COLLEGE PKWY, STE 100
CARSON CITY, NV 89706

Phone: (775) 684-2970
Fax: (775) 684-7061
<http://fid.nv.gov>

Documents Received On

PERSONAL HISTORY

OMISSIONS MAY BE CONSTRUED AS INTENTIONAL FAILURE TO DISCLOSE A MATERIAL FACT AND MAY BE GROUNDS FOR REJECTION OF APPLICATION.

1. Legal name of Applicant with respect to: (Corporation, LLC, Partnership, or Sole Proprietor's Name)

[Empty text box for legal name]

2. Type of License

Position

- Bank
- Credit Union
- Family Trust Company
- Retail Trust Company
- Thrift Company

Owner/Member

Percentage of Ownership:

Director

Officer

Title:

3. Personal Information

Full Name (Last Name, First Name MI) Social Security Number

Address Line 1 Date of Birth

Address Line 2 Place of Birth

City State Zip Code

E-mail Phone Number Ext. Fax Number

Height Weight Eye Hair

The above information is used for the finger print cards only.

List other names you used and the period of times you used them (for example, your maiden name, name by a former marriage, former name, alias, or nick name. If the other name is your maiden name put "nee" in front of it.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	From Date	To Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	From Date	To Date

4. Occupational Record

Current and previous employers for the prior ten years.

Company Name				Title	
Address				Phone Number	
City	State	Zip Code	From Date	Salary	

Company Name				Title	
Address				Phone Number	
City	State	Zip Code	From Date	Salary	
From Date	To Date	Reason for Leaving			

Company Name				Title	
Address				Phone Number	
City	State	Zip Code	From Date	Salary	
From Date	To Date	Reason for Leaving			

Company Name				Title	
Address				Phone Number	
City	State	Zip Code	From Date	Salary	
From Date	To Date	Reason for Leaving			

Company Name				Title	
Address				Phone Number	
City	State	Zip Code	From Date	Salary	
From Date	To Date	Reason for Leaving			

5. Ownership interest of at least 10% by a Director, Owner or Employee of the Applicant in:

Any Affiliate of the Applicant or entity that provides products or services to the Applicant as defined in sections NRS 604A, NRS 645G, NRS 649, NRS 659, NRS 669, NRS 669A, NRS 670, NRS 670A, NRS 671, NRS 673, NRS 675, NRS 676A, NRS 677, and/or NRS 678.

Name of Affiliate or Entity in which interest is owned			Percent of Ownership	Length of Ownership
Address			Phone Number	
City	State	Zip Code	Web Site Address	
Relationship	Product or Services Provided			

Name of Affiliate or Entity in which interest is owned			Percent of Ownership	Length of Ownership
Address			Phone Number	
City	State	Zip Code	Web Site Address	
Relationship	Product or Services Provided			

6. Professional Credentials

List each Professional License or similar certificate you now hold or have held (for example, Attorney, Physician, CPA, Security Dealer, Real Estate Agent or SEC Registration).

License	Issuing Authority	Date Issued	Status	Expiration Date
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7. Disclosures

A) In the last 10 years, have you been, or has any organization or business with which you were associated as an officer, director, partner, owner, or otherwise, involved in any voluntary or involuntary bankruptcy, receivership, or insolvency proceedings?

NO YES

If yes, please provide details.

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B) Have you ever been directly or indirectly connected with any organization or business which had an application for license or registration for any business activity denied by any Federal, State, County or Local regulatory agency, or which withdrew such application to avoid a denial, or by request, or which had its license or registration suspended, canceled, revoked or subject to any administrative or enforcement action, whether or not a final order or judgment was entered?

NO YES

If yes, please provide details.

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C) Have you ever entered a plea of guilty or nolo contendere to, or been convicted of, theft, concealing stolen goods, forgery, fraud, perjury, bribery, offenses related to a violation of any State or Federal Securities Laws, or similar crime?

NO YES

If yes, please provide details.

D) Have you ever entered a plea of guilty or nolo contendere to, or been convicted of, a felony or a misdemeanor other than a traffic violation and other than information listed in questions 7(C)?

NO YES

If yes, please provide details.

E) Have you ever been held liable in or is there pending any civil or criminal fraud action in any judicial or administrative proceeding by any Federal, State, County, or Local regulatory agency?

NO YES

If yes, please provide details.

F) Have you ever defaulted on a loan or financial obligation of any sort, whether as obligor, cosigner, or guarantor?

NO YES

If yes, please provide details.

G) Have you ever forfeited property in full or partial satisfaction of any financial obligation?

NO YES

If yes, please provide details.

H) Have you ever had a lien placed against property for failure to pay taxes or other debts?

NO YES

If yes, please provide details.

I) Have you ever had wages or income garnished for any reason?

NO YES

If yes, please provide details.

J) Have you ever failed or refused to pay any outstanding judgments?

NO YES

If yes, please provide details.

K) Do you have any relatives associated with or employed in the financial services area.

NO YES

If yes, please provide details.

8. Child Support Information

You are required to complete this Child Support Statement. **Failure to fully complete the Child Support Statement will result in the application for licensing being denied.** (NRS 425.520)

I am not subject to a court order for the support of a child.

I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

I am subject to a court order for the support of one or more children and am not in compliance with the order of a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

10. Additional Information

Present any other information you believe is important to evaluate your applicant. If you are involved in the organization that is regulated by the State of Nevada Financial Institutions Division, discuss your specific role.

11. Certification

I, the undersigned, being duly sworn, depose and say that the above statements are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a license by the Nevada Financial Institutions Division. I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the revocation of a license.

Signature of Applicant

Date



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AFFIDAVIT OF AMERICAN CITIZENSHIP OR LAWFUL RESIDENCY

Required persons applying for a Nevada license or registration and are physically present in the United States of America

I, _____ (print/type individual name), swear or affirm under penalty of perjury under the laws of the State of Nevada that I am (check one)

A United States Citizen, or

A Permanent Resident of the United States, or

Lawfully present in the United States pursuant to federal law

and that the attached document (check one), consisting of a copy of at least one of the following forms of verifiable identification listed below, is a true and accurate copy of the original.

Identification Documents

United States Passport

Valid driver's license or identification card bearing Applicant's photograph issued by one of the following States: Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Vermont, Virginia, West Virginia, Wisconsin, or Wyoming;

United States Birth Certificate

United States military card or military dependent's identification card;

United States Coast Guard Merchant Mariner card;

Valid immigration documents demonstrating lawful presence and verified through the U.S. Department of Homeland Security's Systematic Alien Verification for Entitlements Program;

Naturalization certificate issued by an authorized agency of the United States bearing Applicant's intact photograph impressed with the raised embossed seal of the issuing agency;

I understand that this sworn statement is required by law because I have applied for a professional or commercial license or registration. I understand that Nevada law requires me to provide proof that I am lawfully present in the United States prior to of receipt professional or commercial license or registration. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit shall be cause for denial of a license or suspension or revocation of any license that may now or hereafter be issued, and hereby waive any defense based on a statute of limitations should a hearing based on irregularities in this application ever be held by the Nevada Financial Institutions Division.

Signature of Applicant _____

Date _____

THE APPLICATION IS TO BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC.

STATE OF _____

COUNTY OF _____

_____, being duly sworn says that he is the applicant herein; or that he is making this application on behalf of said applicant; that he has read the foregoing application and knows the contents thereof and that the same is true to the best of his knowledge and behalf.

Taken, subscribed and sworn to before the undersigned authority in

_____ County, State of _____

this _____ day of _____, 20 _

Notary Public

(Notary Seal)



FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) Nevada Financial Institutions Division that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize (enter name of requesting agency) Nevada Financial Institutions Division, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me. In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

Applicant's Name: _____

(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: _____

Applicant's Signature: _____ Date: _____

Submitting Agency: _____ Nevada Financial Institutions Division _____

Address: __ 1830 College Parkway, Suite 100, Carson City, NV 89706 _____

Agency representative: _____

(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: _____

Date: _____