



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**

To be completed by each Director, Officer, person with at least 10% ownership, LLC Member. A separate form is required to be filed by each person.

**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)**

**2. Type of License**

**Position**

Bank

Owner/Member

Credit Union

Percentage of Ownership:

Family Trust Company

Director

Retail Trust Company

Officer

Thrift Company

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.

Name

From Date

To Date

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	To Date	Reason for Leaving	

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

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

Company Name					Title	
Address					Phone Number	
City	State	Zip Code	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.

**9. Personal Financial**

When was the last Federal Income Tax Return filed and for what year?

\_\_\_\_\_   
 Date (MM/DD/YYYY)

\_\_\_\_\_   
 Year (YYYY)

**CURRENT FINANCIAL STATEMENT**

ASSETS		LIABILITIES AND NET WORTH	
Cash on hand and in depository institutions (Schedule I)		Accounts payable (Schedule VII)	
Marketable securities (Schedule II)		Notes payable and other loans (Schedule VIII)	
Notes receivable (Schedule III)		Real estate mortgages (Schedule IV)	
Real estate (Schedule IV)		Other liabilities (Schedule IX)	
Proprietary interests and other securities (Schedule V)			
Retirement funds and other assets (Schedule VI)			
TOTAL ASSETS		TOTAL LIABILITIES	
NET WORTH (TOTAL ASSETS - TOTAL LIABILITIES)			

**SUPPORTING SCHEDULES**

**Schedules must agree in total with the appropriate item contained in the Financial Statement.**

**Schedule I – Cash on hand and in depository institutions**

Indicate all cash on hand and cash deposited in depository institutions. In description include the bank name, city, state and type of account (checking, saving, money market, etc.)

Description	Balance
Cash	
Total cash on hand and in depository institutions:	

**Schedule II – Marketable Securities**

Indicate all debt and equity securities listed on an exchange or otherwise regularly traded in an open market. List debt separate from equity securities. Securities of closely held corporations should be listed on Schedule V—Proprietary Interests. The description should include the name of the issuer, the principal amount or number of shares held, and the interest rate, if applicable. Small holdings may be aggregated and shown as “other” provided that they account for no more than 10 percent of marketable securities.

Description	Value
Total Marketable Securities:	

**Schedule III – Notes Receivable**

The description should include the name of the obligor, the note's maturity and terms of repayment, and a description of any collateral. If the note is payable to you and others jointly, indicate only your beneficial interest as a Current Balance.

Description	Current Balance
Total notes receivable:	

**Schedule IV – Real Estate**

List all real estate in which you hold a beneficial interest.

Description and Location (City and State)	Percent Ownership	Mortgage Holder	Maturity Date	Current Value *	Current Balance**
Total Real Estate:					

\* Carry TOTAL forward to Current Financial Statement Assets - Real estate

\*\* Carry TOTAL forward to Current Financial Statement Liabilities - Real estate mortgages

**Schedule V – Proprietary Interests and Other Securities**

List all companies, the shares of which are not listed on a securities exchange or otherwise regularly traded, in which you hold a beneficial interest.

Company Name	Value
Total proprietary interests and other securities:	

**Schedule VI - Other Assets**

Include retirement funds (for example, 401K, IRA, Keogh), accounts receivable, merchandise and inventory at lower of cost or market value, machinery and equipment (less depreciation), and life insurance at its cash surrender value.

Description	Value
Total Other Assets:	

**Schedule VII - Accounts Payable**

Include accounts payable, and taxes payable.

Description	Balance
Total Account Payable:	

**Schedule VIII — Notes Payable and Other Loans**

Indicate all loans or notes payable, including loans on life insurance and retirement funds (but not real estate mortgages listed in Schedule D). Loan origination information must include the name of creditor, maturity date, and current balance.

Name of Creditor	Description and Value of Collateral	Maturity Date	Current Balance
Total Notes Payable:			

**Schedule IX - Other Liabilities**

Include interest and other debts accrued, and other liabilities.

Payable To	Description	Maturity Date	Current Balance
<b>Total Other Liabilities:</b>			

**CASH FLOW STATEMENT\***

<b>Sources of Cash</b>	Previous Year	Current Year
	<u>20</u>	<u>20</u>
Salaries, wages commissions, and other employment income		
Income from dividends and interest		
Rents, royalties, and investments		
Income and other distributions for partnerships		
Other Sources		
<b>Total cash received</b>		
<b>Uses of Cash</b>		
Personal living expenses (rent, household)		
Fixed obligations *		
Federal or State Income taxes		
Capital contributions to partnerships		
Other uses		
<b>Total cash outlay</b>		
<b>Net Cash Flow (deficit)</b>		

\* Fixed obligations include debt service on all loans and any budget capital improvement expenditures for real estate investment . Any loan proceeds or debt service related to this transaction should be included in projections for other sources or uses.

**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)



Nevada Department of  
**Public Safety**  
Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by State of Nevada, Financial Institutions Division (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

\_\_\_\_\_

*Initial*

\_\_\_\_\_

*Date*

6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
8. 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.
9. I hereby authorize State of Nevada, Financial Institutions Division (*name of requesting agency*), 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.
10. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: \_\_\_\_\_

PLEASE PRINT

\_\_\_\_\_ Last Name

\_\_\_\_\_ First Name

\_\_\_\_\_ Middle

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agency Account #: \_\_\_\_\_

Agency Representative: \_\_\_\_\_

PLEASE PRINT

\_\_\_\_\_ Last Name

\_\_\_\_\_ First Name

\_\_\_\_\_ Middle

Agency Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_