



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	Salary

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

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

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

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
Total Other Liabilities:			

CASH FLOW STATEMENT*

Sources of Cash	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		
Total cash received		
Uses of Cash		
Personal living expenses (rent, household)		
Fixed obligations *		
Federal or State Income taxes		
Capital contributions to partnerships		
Other uses		
Total cash outlay		
Net Cash Flow (deficit)		

* 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)



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: _____