



PAWNBROKER LICENSE APPLICATION AMENDMENT

A licensed pawnbroker may use this form to make amendments to the information submitted as part of the license application. *Please complete all steps before submitting.*

STEP 1: LICENSEE IDENTIFYING INFORMATION			
Licensee name:		License number:	
STEP 2: AMENDMENTS TO PRIMARY PLACE OF BUSINESS AND REGISTERED AGENT			
Provide amendments to the information for the primary place of business and registered agent for service of process or check the box if not applicable.			<input type="checkbox"/>
New DBA or ABN:			
New street address:			
City:		State:	ZIP:
New mailing address:			
City:		State:	ZIP:
Phone:	Fax:	Email:	
Manager's name:		Web addresses:	
Oregon registered agent for service of process:			
Name:		Title:	
Address:			
City:		State:	ZIP:
Phone:	Fax:	Email:	
STEP 3: AMENDMENTS TO BUSINESS ACTIVITY OR HOLDING/MANAGING COMPANY			
Provide amendments to the information for the business activity and holding or management company or check the box if not applicable.			<input type="checkbox"/>
Describe in detail any other business or businesses conducted or that you intend to conduct at the licensed location:			
Give the name and address of any holding company or managing company with which you are affiliated:			
Name:		Address:	
City:		State:	ZIP:

STEP 4: AMENDMENTS TO SAFEKEEPING OF PLEDGED ITEMS

Provide amendments to the security used to safeguard pledged items or the insurance coverage or check the box if not applicable

Attach:

- A description of the security used to safeguard pledged items.
- Type and amount of insurance coverage carried to cover pledged items.

STEP 5: AMENDMENTS TO OFF-SITE STORAGE FOR LARGE PLEDGED ITEMS

Provide amendments to the off-site storage location and its supporting materials or check the box if not applicable.

Will you use off-site storage for large pledged items? Yes No If yes, enter the address of the off-site storage location below and provide the required attachments.

Address:

City:	State:	ZIP:
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Attach:

- A copy of the company’s policies and procedures regarding off-site storage, which must include how the company will determine what items are appropriate for off-site storage.
- A description of the security used to safeguard pledged items at the off-site storage location.
- Type and amount of insurance coverage carried to cover pledged items at the off-site premises, if separate from the insurance for the business location.

STEP 6: AMENDMENTS TO PAWN TICKET

Provide amendments to the pawn ticket or check the box if not applicable.

Attach sample pawn ticket showing:

- a. Contents described in ORS 726.300.
- b. Loan period and forfeiture of pledges described in ORS 726.400.
- c. Records for delivery to local police agency – ORS 726.285.
- d. Interest rates and charges – ORS 726.390.
- e. Compliance with federal “REG Z” disclosure requirements.
- f. Information provided to consumer if the property is to be stored at an offsite location, if off-site storage is used.

STEP 7: AMENDMENTS TO MANAGER, PARTNER, OFFICER, EXPERIENCE PERSON

Provide amendments to the managers, partners, officers or experience person or check the box if not applicable.

The following people are no longer a manager, partner, officer, or experienced person of the company:

The following people are a new manager, partner, officer, or an experienced person of the company. Attach a completed Pawnbroker Criminal Background and Credit Check Authorization for each person.

STEP 8: CERTIFICATION

Officer or authorized employee name: _____

Title: _____

I certify that the foregoing responses and all attachments are true, accurate, and complete to the best of my knowledge and belief.

Signature: _____ Date: _____



PAWNBROKER

CRIMINAL BACKGROUND AND CREDIT CHECK AUTHORIZATION

Each manager, partner, officer, director, or other people performing similar functions must complete and sign the following:

Name:			Driver license number:		
Home street address:			Home mailing address, if different:		
City:	State:	ZIP:	City:	State:	ZIP:
Home phone:			E-mail:		
Office street address:			Office mailing address, if different:		
City:	State:	ZIP:	City:	State:	ZIP:
Office phone:			Fax:		
Social Security number:			Date of birth (mm/dd/yyyy):		
<p>For the past five years:</p> <p>Have you ever violated any provision of the following Oregon laws: Bank Act, Credit Union Act, Consumer Finance Act, Pawnbrokers Act, or related administrative rule or order? If yes, explain:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>					
<p>Have you had any criminal conviction in which the essential element of the crime involved fraud? If yes, explain:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>					
<p>Have you been permanently or temporarily enjoined under a court order from engaging in any aspect of the pawnbroker business? If yes, explain:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>					
<p>Have you been the subject of an administrative order by this department that included a fine or other civil penalty, or removed a manager, partner, officer, or director from your company? If yes, explain:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>					
<p>Have you been the subject of an administrative order by any state or federal agency or a judgment by any state or federal court? If yes, explain:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>					

I certify that the information I've provided is current and accurate as of the day it was signed and I understand that my signature authorizes a background check, including those authorized by the Fair Credit Reporting Act (15 USC 1681 et seq.).

Signature

Date

Position or title

