

**Oregon Department of Consumer and Business Services
Division of Financial Regulation**

350 Winter St. NE, Room 410, Salem, Oregon 97301-3881
Mailing address: P.O. Box 14480, Salem, OR 97309-0405
503-378-4140 • Fax: 503-947-7862
http://dfcs.oregon.gov



MASTER TRUSTEES REGISTRATION APPLICATION
ORS Chapter 97; OAR 441-930

A registration fee of \$390 must be included with completed application.

1. Business name of applicant: _____

Assumed business name (ABN), if applicable: _____

2. Business address (P.O. Box number not acceptable): _____

City, state, ZIP: _____

Business phone: _____ - _____ Business fax: _____ - _____

Business email: _____ Contact name: _____

3. Mailing address, if different from above: _____

City, state, ZIP: _____

4. Provide the following with your application:

- A. A list of financial institutions used for trust funds received under appointment from any certified provider.
- B. Proof of business registration with the Oregon Secretary of State.
- C. A completed and signed Criminal Background and Credit Check Authorization.
(This information will be used for identification purposes only in a criminal background and credit check.)

I certify that the information contained in this application is current and correct.

Name (type or print): _____

Signature: _____

Title of applicant: _____ Date: _____

**Secure fax for credit card payments:
503-947-2333**

If paying by credit card, applicant must sign
credit-card information box.

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	Phone: _____
Credit card number		Expiration date	
Name of cardholder as shown on credit card			
Cardholder signature		\$	Amount

**Make check or money order payable to the Department of
Consumer and Business Services. Mail application with
payment to:**

DCBS — Fiscal Services
P.O. Box 14610
Salem, OR 97309-0445

Fiscal use only: 61260/1008



CRIMINAL BACKGROUND AND CREDIT CHECK AUTHORIZATION

Each member, partner, officer, director, or principal; owner of 10 percent or more of the corporation; owner if applicant is an entity other than a corporation; and proposed manager of the location must complete and sign the following:

First name:		Middle name:		Last name:	
Name of company:					
Home phone: - -			Office phone: - -		
Home address:			Office street address:		
City:	State:	ZIP:	City:	State:	ZIP:
Home mailing address, if different:			Office mailing address, if different:		
City:	State:	ZIP:	City:	State:	ZIP:
Date of birth (mm/dd/yy): / /			Position or title:		
Social Security number: - -			Email:		
Driver license number and state:			Percentage of ownership: %		
ATTACH A RESUME OF THE LAST FIVE YEARS OF WORK EXPERIENCE					
Have you been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:					
Have you been convicted of a misdemeanor for fraud, misrepresentation, or deceit? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:					
Have you been the subject of an administrative action in any state that resulted in civil penalties or action taken against a license you held? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:					
Have you had any entry of any money judgments that are not paid in full? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:					
Have you filed for voluntary or involuntary bankruptcy protection? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:					

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 an investigative consumer report as defined in the Fair Credit Reporting Act (15 USC 1681 et seq.).

 Signature _____
Date