

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

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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:

Type of license/registration applying for:					
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/year):			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 have 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