

Attachment [B]

AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES

THIS FORM MUST BE SUBMITTED FOR EACH PERSON LISTED IN QUESTION # 15

Name:	Social Security No:
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Home Address, City, State, Zip Code:

Date of Birth:	Home Telephone No: E-mail Address:
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EMPLOYMENT/EXPERIENCE HISTORY FOR THE LAST 10 YRS

Each sole proprietor, executive officer, director, partner, member, manager, and 25% or greater equity owner of applicant must fill out this form. A resume may be submitted as long as it includes the information listed below. Explain any gaps in work history. *(Attach additional sheets if necessary)*

Employer Name and Address	Position/Brief Description of Duties	Start Date	End Date	Reason for Leaving

LIST RESIDENTIAL ADDRESSES FOR THE LAST 10 YRS

Residential Address	Start Date	End Date

Read the following questions carefully. If the answer is “yes” to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, disposition, and judgment amounts.

Is/has any criminal, civil, or administrative charges been issued against you for activities which involve a financial transaction(s) or fraud in the past ten years?	() Yes, attach explanation () No
Have you been convicted of a crime involving a financial transaction(s) or fraud in the past ten years?	() Yes, attach explanation () No
Have you been convicted of a felony in the past ten years?	() Yes, attach explanation () No
Have you ever been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	() Yes, attach explanation () No
Have you ever been subject to any enforcement proceedings by any State or Federal government agency involving the revocation or suspension of any business license or registration, fines, or penalties?	() Yes, attach explanation () No

I hereby authorize the licensing authority to make inquiries from any financial institution, credit bureau, law enforcement agency, or any other entity or person for the purpose of determining my financial responsibility, character, and fitness in connection with an application for a license or approval under the Arkansas Uniform Money Services Act.

I hereby certify that the information on this form is, to the best of my knowledge, information, and belief, complete and accurate.

Authorized Signature Date

STATE OR COMMONWEALTH OF _____
COUNTY OR PARISH OF _____

_____ personally came and appeared before me, the undersigned
(authorized person above)
notary, and declared under oath that he/she is the _____ of
(Title)
_____, that he/she is authorized to sign and submit the attached application, and
(Name of Company)
that all statements and representations made therein are true and correct to the best of his/her knowledge, information and belief.

Sworn and subscribed to before me on this _____ day of _____ 20_____.

Notary Public

Print Name of Notary Public

My Commission Expires: _____

(Seal)