

Attachment [B]

AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES

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

Name:	Social Security #:
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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, officer, director, partner, member, manager and 25% or greater equity owner of applicant must fill out this form. You may submit your own resume' 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, judgment amounts.

Have any civil judgments been entered against you during the past 10 years?	Yes, attach explanation	No
Are there any civil proceedings pending against you or civil judgments entered against you for activities which involve fraud or dishonesty?	Yes, attach explanation	No
Have you ever been convicted of or entered a plea of Nolo	Yes, attach explanation	No

Contendere to a felony?	
Have you ever been convicted of or entered a plea of Nolo Contendere to any misdemeanor involving theft, fraud, or dishonesty?	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, fines or penalties?	Yes, attach explanation No
Have you ever been discharged for cause or been requested to resign from any employment position related to purported acts of fraud, theft, or dishonesty?	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 registration under the UAMSA.

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

Signature

STATE OR COMMONWEALTH OF _____
COUNTY /PARISH OF _____

_____ personally came and appeared before me, the undersigned
(authorized person above)

notary, and declared under oath that she/he is the _____ of
(Title)

_____, that she/he is authorized to sign and submit the attached
(Name of Company)

application and that all statements and representations made therein are true and correct to the best of his/her knowledge, information and belief.

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

Notary Public

Print Name of Notary Public

My Commission Expires: _____

(Seal)