

## Confidential Background Information Consent Form *For Owners, Officers and Partners*

### **SECTION A: To be completed by new Owner, Officer or Partner**

I understand the Kansas Office of the State Bank Commissioner may conduct an investigation of the applicant and the applicant's owners, officers and partners for the purpose of determining the suitability of the applicant named below to hold a Supervised Loan License or a Mortgage Company License in the State of Kansas. I hereby authorize and request all state and federal law enforcement authorities, all state and federal regulatory and licensing authorities, and all credit reporting agencies to furnish information about me regarding criminal records, investigations, background information, licensing, credit reports, and other information of whatever kind and nature, whether known to me or otherwise, to the Kansas Office of the State Bank Commissioner.

Further, I understand the Kansas Office of the State Bank Commissioner shall be under no obligation to disclose such information to me or any other person, and that if such information indicates a violation of law; it may be shared with any agency responsible for investigating or prosecuting the violation. A copy of this authorization shall be accepted with the same force and validity as the original.

\_\_\_\_\_ Full name of owner, officer or partner (type or print)

\_\_\_\_\_ Residence address: (Street) (City) (State) (Zip Code)

\_\_\_\_\_ (Date of birth) (Social Security Number\*) (Telephone Number)

Provide your company's name (applicant): \_\_\_\_\_

Provide the current Kansas license number of your company: \_\_\_\_\_  
(N/A if submitted with a new application)

Your title or position: \_\_\_\_\_

Have you ever:

- a. had any administrative or judicial judgments filed against you?
- b. been the subject of any tax liens or other liens of any nature?
- c. filed for personal or business related bankruptcy?
- d. had a license or other authority to conduct business suspended, revoked, or denied?
- e. been named as a defendant in any form of civil litigation related, directly or indirectly, to consumer or mortgage lending activities, or involving fraud, dishonesty, or deceit?
- f. been charged or convicted of any crime (other than minor traffic violations)?

\_\_\_\_\_ No \_\_\_\_\_ Yes (If Yes to any of the above, must provide a detailed explanation on attached sheet.)

Do you have a financial interest in or hold a position with any other licensee under the Kansas Mortgage Business Act or the Kansas Uniform Consumer Credit Code?

\_\_\_\_\_ No \_\_\_\_\_ Yes (If Yes to any of the above, must provide a detailed explanation on attached sheet.)

\_\_\_\_\_ (Signature of owner, officer or partner listed above.) \_\_\_\_\_ (Date)

STATE OF \_\_\_\_\_) COUNTY OF \_\_\_\_\_)

Sworn and subscribed before me on \_\_\_\_\_ by \_\_\_\_\_  
(Date) (Print name of owner, officer or partner listed above.)

(NOTARY SEAL) \_\_\_\_\_ My commission expires: \_\_\_\_\_  
Notary Public Signature

**SECTION B: Fingerprint Card and Processing Fee Requirement:**

Each new owner, officer or partner of applicant or licensee must include completed fingerprint card and \$50 fingerprint processing fee with completed Form A. Only one fingerprint card is required per individual (i.e. If an officer of a Mortgage Company licensee is also a loan originator, both Forms A and G must be submitted with only one fingerprint card and appropriate processing fee.) Fingerprint cards should only be requested by the contact person located at the mailing address of the applicant/licensee. Requests from branch offices will not be processed.

**TO REQUEST FINGERPRINT CARDS:**

1. Applicants/Licensees must fax a completed Fingerprint Card Request Form (Form H) to the OSBC. A copy of Form H is enclosed and is also available on the OSBC website. The requested number of fingerprint cards with instructions will be mailed only to the contact person at the mailing address of the licensee to distribute to individuals meeting the fingerprint requirements.
2. The fingerprint card must be completed as directed in the instructions and returned to the licensee.
3. Applicants/Licensees must submit both the completed fingerprint card and this application to the OSBC with the appropriate processing fee. Personal checks will not be accepted. Fingerprints will generally not be required for any individual more often than annually.

**SECTION C: To be completed by Authorized Owner, Officer or Partner of Applicant or Licensee other than individual identified in Section A above.** (Authorized individuals are those that have been identified by your company and have submitted Confidential Background Information Consent Forms to the OSBC. Signatures of unauthorized individuals on this form or any other applications submitted to the OSBC will not be accepted and returned.)

**Company Name (Print):** \_\_\_\_\_

I hereby advise the OSBC of the addition of the individual named above as an owner, officer or partner. I understand I am required to notify the OSBC within 10 days of the addition or departure of any owner, officer or partner by submitting the required documents and fees. I further understand that licenses are non-transferable and non-assignable, and no other entity may conduct business under the authority of our license. I understand I am required to notify the OSBC in writing and provide detailed information regarding corporate reorganizations or structure changes.

Signature of Authorized Owner, Officer or Partner other than individual Identified in Section A above	Print Name & Title	Date
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Make checks payable to: **Office of the State Bank Commissioner, 700 SW Jackson, Ste. 300, Topeka, KS 66603-3796.**

**CHECKS MUST BE DRAWN ON LICENSEE'S COMPANY ACCOUNT. PERSONAL CHECKS WILL NOT BE ACCEPTED.**

\*Providing a social security number is voluntary, however, if it is not provided application processing may be delayed. The number is requested pursuant to K.S.A. 9-2201 et seq., and/or 16a-1-101 et seq., and may be used to identify applicants in criminal history and financial information investigations, provided to the Kansas Department of Revenue pursuant to K.S.A. 74-139 and/or provided to the Kansas Department of Social and Rehabilitation Services pursuant to K.S.A. 74-148 and K.S.A. 39-758.