

Attachment [A]

**AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES**

Note: Disclosure of your social security number should only be made if obtained from you in accordance with Section 7 of the Privacy Act of 1974. Your disclosure is voluntary and failure to provide the number will not subject you to penalty. The purpose of this request is to conduct a criminal background check and check your credit history. We have authority to solicit your social security number pursuant to W.Va. Code §31A-2-4(b)(4) and §32A-2-9.

Name:	Social Security #:
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Home Address, City, State, Zip Code:

Date of Birth:	Home Telephone No:
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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
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Are there any civil proceedings pending against you or civil judgments entered against you which involve fraud or dishonesty?	( ) Yes, attach explanation ( ) No
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Have you been convicted of or entered a plea of Nolo Contendere to a felony?	( ) Yes, attach explanation ( ) No
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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
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Have you been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	( ) Yes, attach explanation ( ) No
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Have you 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
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Have you been discharged for cause or been requested to resign from any employment position?	( ) Yes, attach explanation ( ) No
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I hereby authorize the West Virginia Division of Banking to make inquiries from any financial institution, educational facility, federal or state agency, credit bureau or law enforcement agency for the purpose of determining his/her financial responsibility, character and fitness in connection with an application for a license or registration.

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

\_\_\_\_\_

Signature

SUBSCRIBED BEFORE ME ON THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

AT: \_\_\_\_\_, \_\_\_\_\_

(CITY) (STATE or COMMONWEALTH)

PRINT NAME OF NOTARY PUBLIC:	SIGNATURE OF NOTARY PUBLIC:
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