

Duplicate form as needed. Every officer, director, partner, member and owner of applicant must complete this form and submit a fingerprint card.

**Credit Services Organization Registration
Confidential Background Information Consent Form
For Officers, Directors, Partners, Members or Owners**

SECTION A: To be completed by new Officer, Director, Partner, Member or Owner

I understand the Kansas Office of the State Bank Commissioner (OSBC) may conduct an investigation of the applicant and the applicant's officers, directors, partners, members and owners for the purpose of determining the suitability of the applicant named below to hold a Credit Services Organization Registration 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 officer, director, partner, member or owner _____ (type or print)

Residence address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

_____ (Date of birth) _____ (Social Security Number*)

Provide your organization's name (applicant): _____

Provide the current Kansas registration number of your organization: _____
(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 debt management or credit services organization business, 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 or ownership interest in any affiliate or subsidiary of the applicant or in any other entity that provides any service to the applicant or any consumer relating to the applicant's credit services organization business?

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

(Signature of officer, director, partner, member or owner listed above)

(Date)

STATE OF _____

COUNTY OF _____

Sworn and subscribed before me on _____ by _____
(Date) (Name of officer, director, partner, member or owner listed above)

(NOTARY SEAL) _____
Notary Public Signature

My commission expires: _____

SECTION B: Fingerprint Card and Processing Fee Requirement:

Each new officer, director, partner, member or owner of applicant or registrant must include completed fingerprint card and \$49 fingerprint processing fee with completed Form CSO-1. Only one fingerprint card is required per individual. Fingerprint cards should only be requested by the contact person located at the mailing address of the applicant/registrant.

TO REQUEST FINGERPRINT CARDS:

1. Applicants/Registrants must fax a completed Fingerprint Card Request Form (Form CSO-4) to the OSBC. A copy of Form CSO-4 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 applicant/registrant to distribute to individuals meeting the fingerprint requirements.
2. The fingerprint card must be completed as directed in the instructions and returned to the applicant/registrant.
3. Applicants/Registrants 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 Officer, Director, Partner, Member or Owner of Applicant or Registrant other than individual identified in Section A above. (Authorized individuals are those that have been identified by your organization 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.)

Organization Name (Print): _____

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

Signature of Authorized Officer, Director,
Partner, Member or Owner other than
individual identified in Section A above

Print Name & Title

Date

Make checks payable to: **Office of the State Bank Commissioner, 700 SW Jackson St., Suite 300, Topeka, KS 66603.**
CHECKS MUST BE DRAWN ON REGISTRANT'S ORGANIZATION 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 or denied. The number is requested pursuant to the Kansas Credit Services Organization Act. 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.