

Duplicate form as needed. Every officer, director, partner, member and owner of applicant must complete this form and submit 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 OSBC. Further, I understand the OSBC 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.

(Print full name of officer, director, partner, member or owner)	(Title or Position)
(Email Address)	(Phone Number)
Residence address: _____	_____
(Street)	(City)
_____	_____
(Date of birth)	(Social Security Number*)
_____	_____
(State)	(Zip Code)

Name of Organization (applicant): _____

Kansas registration number of organization: CSO. _____ (N/A if submitted with a new application)

Have you ever:

- a. been the subject of any administrative or judicial judgments?
- 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, provide a detailed explanation on an 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," provide a detailed explanation on an attached sheet.)

X _____ (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 individual listed above)

(NOTARY SEAL) _____ My commission expires: _____
 (Notary Public Signature)

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 \$48 fingerprint processing fee with completed Form CSO-1. Only one fingerprint card is required per individual. Fingerprint cards should be requested by the contact person of the applicant/registrant.

TO REQUEST FINGERPRINT CARDS:

1. Complete a Fingerprint Card Request Form (#CSO-4) available at www.osbckansas.org. The requested number of fingerprint cards with instructions will be mailed 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](#). Applicants/Registrants must submit both the completed fingerprint card and this consent form to the OSBC with the appropriate processing fee. Fingerprint cards must be dated within one year of submission to the OSBC, as required by the Kansas Bureau of Investigation.

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.)

Organization Name: _____

(Print Name of Authorized Individual—*other than in Section A above*)

(Title or Position)

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 Individual—*other than in Section A above*)

(Date)

Mail Form and Fees to:

OFFICE OF THE STATE BANK COMMISSIONER
700 SW Jackson St., Suite 300
Topeka, KS 66603-3796

* 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.