

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

### **SECTION A: NEW Owner, Officer, or Partner Information and Attestation**

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.

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

Name of Company (applicant/licensee): \_\_\_\_\_

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

#### **BACKGROUND QUESTIONS.** 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 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, provide a detailed explanation on an 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," provide a detailed explanation on an attached sheet.)

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

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

Sworn and subscribed before me on \_\_\_\_\_ by \_\_\_\_\_  
(Date) (Print name of individual 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 a completed fingerprint card and the **\$47 fingerprint processing fee**. Only one fingerprint card is required per individual. Fingerprint cards should be requested by the contact person located at the mailing address of the applicant/licensee.

### **TO REQUEST FINGERPRINT CARDS:**

1. Complete a [Fingerprint Card Request Form \(Form H\)](http://www.osbckansas.org/cml/applications/sl_mc_fingerprint_request.pdf) available on the OSBC website and may be completed online at: [www.osbckansas.org/cml/applications/sl\\_mc\\_fingerprint\\_request.pdf](http://www.osbckansas.org/cml/applications/sl_mc_fingerprint_request.pdf). The requested number of fingerprint cards with instructions will be mailed 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](#). Applicants/Licensees 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: OSBC-Authorized\*\* Owner, Officer, or Partner Attestation**

*\*\*Currently OSBC-authorized individuals are those who have been identified by your company and have submitted Confidential Background Information Consent Forms to the OSBC. Signatures of unauthorized individuals will not be accepted.*

### **Make appropriate selection below:**

- ☐ This form is submitted in conjunction with a new company application; therefore, there is no existing OSBC-authorized\*\* owner, officer, or partner to provide the below attestation.  
*Instructions: Leave below section blank. Submit form, completed fingerprint card, and attachments.*
- ☐ This form is submitted in conjunction with the addition of an individual owner/officer/partner to a currently licensed company. *Instructions: Where appropriate, an existing owner, officer, or partner of the Licensee must complete this section. Submit form, completed fingerprint card, and attachments. For changes in ownership where all prior owners, officers, and/or partners have changed, then check this box ☐ and attach the sale agreement and signatures of existing owner(s) authorizing the company sale or transfer of ownership.*

Company 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 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 Individual—other than in Section A above)

\_\_\_\_\_  
(Date)

**AUJ: cfa UbX: YfbyLtc.**

**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. 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 for Children and Families pursuant to K.S.A. 74-148 and K.S.A. 39-758.

**WAIVER AGREEMENT AND STATEMENT**  
**Fingerprint-Based Record Checks for Noncriminal Justice Purposes**

I hereby authorize (*Name of Authorized Recipient*) Office of the State Bank Commissioner to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. Pursuant to K.S.A. 22-4701 et seq. and K.S.A. 22-5001, the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, if any, received on me, and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption. See 28 CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. (See 5 United States Code (USC) 552a(b); 28 USC 534(b); 42 USC 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), and 906.2(d).)

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I have \_\_\_\_ **OR** have not \_\_\_\_ been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under the provisions of Title 21 Kansas Statutes Annotated, Section 3805.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Residential Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**WAIVER AGREEMENT AND STATEMENT (Cont.)**  
**Fingerprint-Based Record Checks for Noncriminal Justice Purposes**

**RIGHT TO OBTAIN AND CHALLENGE ACCURACY  
OF CRIMINAL HISTORY RECORDS**

To obtain a copy of your Kansas criminal history record information (CHRI) to review for accuracy and completeness, you must send a set of your fingerprints, a letter requesting your record and payment of the appropriate fee to the KBI. For further details, including the current fee, visit the following Internet website: <http://www.kansas.gov/kbi/criminalhistory>. Or, to provide official court documents to make a correction you may write to:

Kansas Bureau of Investigation  
Attn: Criminal History Records  
1620 SW Tyler  
Topeka, Kansas 66612-1837

If a change is made to your Kansas criminal history record due to a challenge, a new copy of your Kansas criminal history record will be sent to the Authorized Recipient to make a final decision about your status as an employee, volunteer or contractor, or your eligibility for any pertinent license, certification or registration, or adoption.

To obtain a copy of your federal CHRI for review and challenge you must submit a set of your fingerprints and the appropriate fee to the FBI. Information regarding this process may be obtained at: [http://www.fbi.gov/about-us/cjis/background-checks/background\\_checks](http://www.fbi.gov/about-us/cjis/background-checks/background_checks). Or, you may write to:

FBI CJIS Division – Record Request  
1000 Custer Hollow Road  
Clarksburg, West Virginia 26306

The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (see 28 CFR 16.30 through 16.34). The Authorized Recipient must submit a new set of fingerprints and fee to receive the updated federal criminal history record.

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**TO BE COMPLETED BY THE FINGERPRINTING AGENCY:**

Method of Verifying Identity:    ☐ Driver's License    ☐ State Issued ID Card  
   ☐ Military ID Card

State/Branch: \_\_\_\_\_ ID Number: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Individual Verifying Identity: \_\_\_\_\_

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**ORIGINAL – MUST BE RETAINED BY AUTHORIZED RECIPIENT  
COPY – PROVIDED TO SUBJECT OF CRIMINAL HISTORY RECORD CHECK**