



State of North Carolina

OFFICE OF THE COMMISSIONER OF BANKS

Background Records Check

Name: _____
Last First Middle (no initials)

Current Address: _____
Street Address

City State Zip Code

SSN: _____

Date of Birth: _____

State of Birth: _____ County of Birth: _____

DL#: _____

Prior Address: _____
Street Address

City State Zip Code

Have you ever been convicted of a crime other than minor traffic offenses? Yes No
If yes, please attach explanation and details.

I swear that the information I have provided is complete and accurate. By my signature I give my consent for the Office of the Commissioner of Banks to conduct a financial and business responsibility background check, including but not limited to the obtaining of credit bureau reports and records and reports from any law enforcement or governmental agency, as may be required to determine the general character and fitness of the applicant. I understand that an inquiry may be posted to my Trans Union Peer report as part of this process.

Signature Date

LOCATION: 316 W. EDENTON STREET, RALEIGH, NC 27603
MAILING ADDRESS: 4309 MAIL SERVICE CENTER, RALEIGH, NC 27699-4309
(919) 733-3016 FAX (919) 733-6918 INTERNET: WWW.NCCOB.GOV
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER