



State of North Carolina

OFFICE OF THE COMMISSIONER OF BANKS

Background Records Check

Instructions: This form contains personally identifying information. Completed forms may be submitted by mail to the address below or electronically using a secure method. To submit electronically, contact NCCOB_Applications@nccob.gov for instructions. Do not email this form directly to the preceding address.

Required Information	
Name (Last, First, Middle)	
Current street address, including city, state, and zip code	
Social Security Number	
Date of Birth	
State of Birth	
County of Birth	
Driver's license number and state	
Prior street address, including city, state, and zip code	

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

The information provided is complete and accurate. I hereby authorize 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 credit report as part of this process.

Signature	
Date	

LOCATION: 3100 SMOKETREE CT, SUITE 1100, RALEIGH, NC 27604
MAILING ADDRESS: 4309 MAIL SERVICE CENTER, RALEIGH, NC 27699-4309
(919) 733-3016 FAX (919) 733-6918 INTERNET: WWW.NCCOB.GOV
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