



RENEWAL APPLICATION FOR AN OSAGE NATION GAMING/GAMING-RELATED ON-SITE SERVICE PROVIDER/TECHNICIAN LICENSE

Name of Applicant	Name of Employer
Position Held/Job Title	Date of Application

NOTICE:

Pursuant to the Osage Nation, Federal law and the Oklahoma State-Tribal Gaming Compact, all persons employed by a gaming/gaming-related vendor seeking to access and perform work on behalf of a licensed vendor must apply to the Osage Nation Gaming Commission (ONGC) for an on-site service provider/technician license. The Commission serves as the gaming regulatory and licensing agency of the Osage Nation and is empowered to deny, suspend or revoke the gaming license of any person who fails to meet or maintain compliance with the licensing standards contained in the Osage Nation Gaming Ordinance. **No person is allowed access to any Osage Gaming Facility on behalf of a gaming/gaming-related vendor without a valid gaming license issued by the ONGC.**

Prior to issuing a gaming/gaming-related license to an applicant, the ONGC will obtain fingerprint cards from each applicant, conduct a full background investigation, including but not limited to, a criminal history records check through the FBI's National Crimes Information Center, in order to determine if the applicant is of suitable character and reputation for licensure.

If the ONGC determines that an applicant is suitable for licensure, it will issue a license to the applicant, which will be valid for a period of two years. *Please note* that possession of an Osage Nation gaming license is a privilege, not a *right* and it is the responsibility of the applicant to maintain his or her license in good standing and to seek renewal 90 days prior to the date of expiration. Therefore, it is suggested that you make a copy of this application to assist you in the renewal process. ****The application with all required documents must be submitted to Osage Casinos Central Services (Licensing) 90 days prior to expiration. This allows for the completed application with documents to be sent to the Osage Nation Gaming Commission 60 days prior to the license expiration. If the ONGC does not receive the renewal application 60 days prior to the license expiration, there will be an additional late fee. There will be no exceptions.****

Section 3.07 of the Osage Nation Gaming Law imposes a continuing duty on each licensee to inform the ONGC of any changes in the information contained in this application, including reporting any arrests or criminal charges that may be filed after the issuance of a gaming license. Licensees who fail to timely renew their license or who fail to maintain the suitability standards contained in the Osage Nation Gaming Law during the period of licensure, risk suspension or revocation of their gaming license.

INSTRUCTIONS:

Please read each question carefully and respond to each question fully and truthfully. Print clearly a response to each question in **Black** ink or type. If a question does not apply to you, so indicate by inserting **N/A** in the space provided. If the space provided is insufficient, continue on a separate sheet of paper in the same format as the application. **An applicant's failure to fully complete the application or to provide all items needed to complete the application package will result in the rejection of the application for consideration by the ONGC.** Should your application be rejected, you may not re-apply for a period of six (6) months. **An applicant's failure to disclose all required information or the submission of false or misleading information may result in the denial of a gaming license, rendering the applicant ineligible for employment in an Osage Nation gaming facility.**

RENEWAL APPLICATION SUBMISSION

The ONGC reserves the right to request additional information and documentation throughout the course of the background investigation. An employee of a vendor who fails to fully comply with additional information requests may have their renewal application rejected or denied.

Employees of vendors will not be permitted to conduct business on behalf of a vendor in any Osage Casino Facility until an ONGC On-Site Service Provider/Technician License has been duly issued to the applicant.

All ONGC On-Site Service Provider/Technician Licenses are issued under the Vendor's Gaming/Gaming Related License. As such, all On-Site Service Provider/Technician Licenses become inactive in the event that the Vendor's license expires or is revoked.

In order to complete the processing of your gaming license application you are required to complete the following steps:

1. Submit renewal application packet.
2. Submit executed (signed and/or notarized) release forms. Originals of the Licensing Standard Statement, Privacy Notice, ONGC Authorization to Release Information and the AmericanChecked Disclosure and Authorization forms must be received prior to starting a background investigation.
3. Submit required documentation as follows:
 - ☐ Valid Driver's License or State ID Card;
 - ☐ Two color photographs
 - ☐ Tribal Card, if applicable
 - ☐ Passport, if applicable
 - ☐ DD214, if applicable
 - ☐ Occupational/Professional Licenses, if applicable
 - ☐ INS Documents, if applicable

All application packets must be submitted to:

Osage Casinos Central Services
ATTN: Licensing Department
1211 W. 36th St N.
Tulsa, OK 74127
licensing@osagecasinos.com
918-699-7816

SECTION I - PERSONAL HISTORY

Last Name	First Name	Middle Name	Suffix, Other	
Alias(s), (nicknames, maiden name, married names, etc.)		Reason for name change (marriage, divorce, nickname)		Dates Used (years to & from)
Physical Address/E911 Address (No PO Boxes or RFD allowed)		City	County	State Zip
Mailing Address		City	County	State Zip
Telephone Number	Cell Phone Number	Message Phone	Other	
Date Of Birth	Age	Sex	Social Security Number	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Place of Birth: City	County	State	Country	
Driver's License/ID Card No.	State/Tribe Issued	Date of Expiration		
Are you a U.S. Citizen?	If No, Specify			
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you a Tribal Member?	If Yes, List:			
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Enrollment No:	Location of Tribal Headquarters			
Have you ever served in the military?	If yes, Please list branch			
<input type="checkbox"/> Yes <input type="checkbox"/> No				

SECTION II - FBI INFORMATION

The following is requested information by the FBI when submitting fingerprints:

Eye Color	Hair Color	Weight	Height	Race

Distinguishing Marks (scars, tattoos, etc.) Give descriptions, and please use an additional page if needed to list all.

SECTION III - RESIDENTIAL HISTORY

Please provide the address for all residences you have occupied, regardless of whether or not your name was on the lease, since your ***date of licensure/previous renewal***. Please start with your current address even if there have been no other addresses. **Failure to complete this section will result in your application not being processed.**

From: (month/year)	Physical Address	City
To: (month/year)	County, State, Zip Code	Rent/Own
		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other

From: (month/year)	Physical Address	City
To: (month/year)	County, State, Zip Code	Rent/Own
		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other

From: (month/year)	Physical Address	City
To: (month/year)	County, State, Zip Code	Rent/Own
		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other

From: (month/year)	Physical Address	City
To: (month/year)	County, State, Zip Code	Rent/Own
		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other

From: (month/year)	Physical Address	City
To: (month/year)	County, State, Zip Code	Rent/Own
		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other

From: (month/year)	Physical Address	City
To: (month/year)	County, State, Zip Code	Rent/Own
		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other

SECTION IV - WORK HISTORY

A. Please provide any employers, including part time employment, since your ***date of licensure/previous renewal***. You will need to list the month and year you started and quit each employer. **Failure to complete this section will result in your application not being processed.**

☐ This section does not apply because I have held no other employment.

From:	To:	Employer	Gaming Related
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Address		City, State	Telephone Number
Title	Description of Duties		
Supervisor	Reason for Leaving		

From:	To:	Employer	Gaming Related
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Address		City, State	Telephone Number
Title	Description of Duties		
Supervisor	Reason for Leaving		

From:	To:	Employer	Gaming Related
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Address		City, State	Telephone Number
Title	Description of Duties		
Supervisor	Reason for Leaving		

From:	To:	Employer	Gaming Related
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Address		City, State	Telephone Number
Title	Description of Duties		
Supervisor	Reason for Leaving		

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☐ Yes ☐ No

Type of License	Name of Issuing Jurisdiction		Address	
License Number	Date of Issuance	Status of License		Denied, Suspended or Revoked?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

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☐ Yes ☐ No

Type of License	Name of Issuing Jurisdiction	Address	
License Number	Date of Issuance	Status of License	Denied, Suspended or Revoked?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of License	Name of Issuing Jurisdiction	Address	
License Number	Date of Issuance	Status of License	Denied, Suspended or Revoked?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of License	Name of Issuing Jurisdiction	Address	
License Number	Date of Issuance	Status of License	Denied, Suspended or Revoked?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SECTION VII – CRIMINAL HISTORY

Prior to answering the questions contained in this section, carefully review the following definitions and instructions. You may be asked to supply a disposition or court document to any matter you disclose in your application. If you have any such document(s) in your possession, it is advised that you bring submit those documents with your application.

Definitions:

- **Date of Charge(s):** Refers to the date you were arrested, detained, held, taken into custody or the date that formal charges were brought against you for any unlawful conduct that you were alleged to have committed.
- **Offense Charged:** Refers to any information, complaint or indictment filed in any tribal, state or federal Court alleging that you have committed any "offense". It can also refer to any complaint that may not have resulted in any formal indictment but did result in an arrest. Includes all felony and misdemeanor crimes regardless of the seriousness of the alleged conduct, including serious violations of any motor vehicle code or ordinance such as driving while intoxicated or driving under the influence of a controlled substance. However, this does not include minor traffic violations.
- **Disposition:** Refers to the outcome of the matter such as, any convictions, dismissals, deferred sentences, suspended sentences, or a matter that was expunged or dismissed.
- **Sentence:** Refers to any time you were ordered to serve in any penal institution, County jail, DUI School, probation or a diversionary program, deferred or suspended sentence.
- **Incarcerated:** Refers to any jail (city or county) or state correctional facility, in which you were held, detained or taken into custody.
- **Probation:** Will need to be marked "yes" if you are currently paying on any fines, restitution or are on a deferred sentence. If a case is closed but payments are still pending in any matter you will need to state that. If a matter is still pending but a sentence has not been ordered at this time you will need to disclose that information.

Instructions: Answer "YES" and provide a full explanation of the facts and circumstances for each incident even if:

- You did not commit the offense charged.
- The charges were dismissed, deferred or downgraded to a lesser charge.
- You completed pretrial intervention or equivalent diversionary program.
- You were not convicted.
- You did not serve a prison or jail sentence.
- The charges or offenses occurred more than ten (10) years ago.

Answer "NO" only if you have never been arrested or charged with any offense as defined above.

IMPORTANT NOTICE

Your fingerprints will be submitted to the FBI's National Crimes Information Center, a comprehensive law enforcement database containing federal and state criminal arrest and conviction records. A report will be returned to the Commission containing any arrest and conviction information in the database associated with your fingerprints. The content of this report will be compared with the information contained in this application. If you have failed to disclose any arrests or convictions in this application, such omission(s) will be taken into account in assessing your character, honesty, integrity and suitability for licensure and will result in the denial or rejection of the gaming application. Often Court matters expunged at the District Court level will be included in the FBI report. Not all matters that are expunged from your record will be deleted from the FBI database, which could give the impression that you failed to disclose the matter in your application. In the event that you do not disclose any charge that was expunged from your record and it does appear on the FBI report, you may be asked to supply an Order of the Court stating that the matter was expunged.

SECTION VII – CRIMINAL HISTORY

A. The following questions regarding criminal records must be answered. Because this is a **gaming license**, you must relinquish **all** information, regardless of the jurisdiction (i.e. federal, state, county, city, or tribal court), or the advice from a probation officer, attorney or court. Failure to provide such information may result in the rejection of your application for a gaming license.

1. Have you ever been charged or convicted of, or do you have an ongoing prosecution for a felony?
☐ Yes ☐ No
2. Have you ever been charged or convicted of, or do you have an ongoing prosecution for a misdemeanor (excluding traffic violations)? ☐ Yes ☐ No
3. Have you ever had any criminal charges (excluding minor traffic charges) filed against you whether or not there was a conviction; including a DUI, DWI or DUS? ☐ Yes ☐ No
4. Have you ever been arrested? ☐ Yes ☐ No
5. Have you ever been fingerprinted by any authority for any reason other than a license? ☐ Yes ☐ No
6. Have you ever had a deferred sentence for a criminal charge filed against you? ☐ Yes ☐ No
7. Have you ever had a suspended sentence for a criminal charge filed against you? ☐ Yes ☐ No
8. Have you ever had any charges filed against you be dismissed? ☐ Yes ☐ No
9. Have you ever been arrested for an offense that you were not charged with? ☐ Yes ☐ No
10. Have you ever had any charges filed against you be expunged from your record? ☐ Yes ☐ No
11. Have you ever been arrested, detained, charged, indicted, or summoned to answer for any charges related to fraud, embezzlement, theft, shoplifting, or burglary for any reason whatsoever, regardless of the disposition of the event or even if charges were not filed? ☐ Yes ☐ No
12. Have you ever been arrested, detained, charged, indicted, or summoned to answer for any gambling related offense, fraud, or misrepresentation in any connection for any reason whatsoever, regardless of the disposition of the event? ☐ Yes ☐ No

If you answered YES to any of the above questions, you must complete the information requested in the following three sheets, you may also be required to provide a certified copy of the court disposition showing the outcome of the case (i.e. dismissal, conviction, closure, or Judgment and Sentence) and a written statement in your own words as to what happened. Failure to do so may result in a rejection of your application for being incomplete.

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☐ Yes ☐ No

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

[illegible]

C. Misdemeanor Record(s): Are you now or have you ever been prosecuted for or convicted of any misdemeanor offense, no matter the outcome of the case? ☐ Yes ☐ No

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

[illegible]

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If yes, complete the following information:

Date	Offense	Disposition	Location – County/City

E. If you wish to describe or explain any unique circumstances or to provide any additional information that you believe may be relevant to the ONGC in considering this application in relation to your criminal history, please use the following space.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**PRIVACY NOTICE
NOTICE TO APPLICANT**

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 25 U.S.C. 2701 *et seq.* The purpose of the requested information is to determine the eligibility of individuals to be granted a gaming license. The information will be used by the Osage Nation Gaming Commission staff that has need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, Tribal, State, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the ONGC in connection with the issuance, denial, or revocation of a gaming license, or investigations of activities while associated with a tribe or a gaming operation. Failure to consent to the disclosures indicated in this notice will result in the ONGC being unable to license you to perform work at any Osage Gaming Facility.

The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

NOTICE REGARDING FALSE STATEMENTS

A false statement on any part of your license application may be grounds for denying a license or the suspension or revocation of a license. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

FAILURE TO DISCLOSE

Failure to disclose any information requested in the Gaming License Application or failure to disclose any criminal matters will be cause for the rejection of your application for being incomplete. Should your application be rejected you may not re-apply for a period of six (6) months.

Signature of Applicant/Licensee

Date

Gaming Commission
LICENSING STANDARDS STATEMENT

Section 3.13: Denial of Provisional License Application for Cause

The tribe shall deny a license to any applicant whenever the applicant or any person with a 5% or more ownership interest therein:

- A. Has withheld pertinent information or has made false statements on the gaming license application;
- B. Has attempted to bribe a Council Member, Tribal Gaming Commission member or any other person in an attempt to avoid or circumvent tribal law or any other applicable law;
- C. Has offered something of value, or a loan, financing or other thing of value to a Tribal Gaming Commission member, a subordinate employee or any person participation in any gaming activity;
- D. Has been knowingly promoted, played or participated in any gaming activity operated in violation of tribal law;
- E. Has been knowingly involved in the falsification of books or records which relate to transaction connected with the operation of gaming activity;
- F. Has been convicted of, or has entered a plea of nolo contendere to any crime involving gaming or embezzlement;
- G. Has been determined by the Tribal Gaming Commission or National Indian Gaming Commission to have present or prior activities, criminal record, if any, or reputation, habits and associations which pose a threat to the public interest or to the effective regulation of gaming, or create or enhance the dangers of unsuitable, unfair, or illegal practices in the conduct of gaming, provided, that any conviction more than five years before the commencement of employment of the Tribe shall not be considered under the Subsection.
- H. Has denied the Tribe access to any place at which gaming is required to be licensed, is being conducted or who has failed to produce for inspection or audit any book, record, document or other item required by any regulations promulgated pursuant to Section 3.13.
- I. Has failed to pay any tribal taxes and additions to taxes, including penalties and interest;
- J. Has been found guilty of any violation or attempt or conspiracy to violate any law, rule or regulation pertaining to gaming in any jurisdiction for which suspension or termination of employment or license might be imposed in such jurisdiction; or
- K. Has been suspended from operation or any gaming in another jurisdiction or who has had a license to conduct such gaming cancelled, revoked, suspended, or limited for any reason.
- L. Has knowingly withheld pertinent information pertaining to any criminal charges filed against said person. No matter the outcome of the charges.

I, _____ DO MEET THE LICENSING STANDARDS OF SECTION 3.13 OF THE OSAGE NATION OF OKLAHOMA FOR TEMPORARY LICENSING. I FURTHER UNDERSTAND THAT ANY VIOLATION OF SUCH LICENSING STANDARDS DURING THE TERM OF MY EMPLOYMENT OR PENDING THE OUTCOME OF THE OSBI & FBI BACKGROUND RESULTS COULD BE CAUSE FOR DISMISSAL, AND OR LICENSE DENIAL.

SIGNED _____ DATE _____

**OSAGE NATION GAMING COMMISSION
AUTHORIZATION FOR RELEASE OF INFORMATION**

PRESENTED TO: _____
(Please print or type your name here)

I hereby authorize release to both the Osage Nation Gaming Commission (ONGC) and the National Indian Gaming Commission (NIGC) any information requested in order for the ONGC and the NIGC to determine my suitability for involvement in Indian gaming.

This document authorizes release of requested information whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I agree to accept any risk of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in the first paragraph of this document.

I authorize release of any information related to my activities including: schools, property interests (real and personal), employment, criminal justice agencies, regulatory agencies, business, financial institutions, lending institutions, medical institutions, hospitals, and health care professionals.

I authorize review and copying of all documents.

I relinquish any right that I may otherwise have to pursue a cause of action against any person (or his or her agent) to whom this request is presented when such cause of action arises out of a response to a request for information pursuant to the Indian Gaming Regulatory Act of 1988 (25 U.S.C. § 2701 et seq.). I further agree to indemnify and hold harmless any persons to whom this request is lawfully presented. Such indemnification and holding harmless includes all claims, damages, losses and expenses, including reasonable attorney's fees.

A reproduction of this authorization is the same as the original.

Executed at (city) _____, (State) _____.

On this _____ day of _____, 20_____.

Signature: _____

Subscribed and sworn to before me on this _____ day of _____, 20_____

Notary Public

Commission #: _____
Commission Expiration Date: _____
[Seal]



DISCLOSURE AND AUTHORIZATION 2.2

DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS

In connection with my application for employment/licensure (including contract or volunteer services) with Osage Casinos/Osage Nation, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired/licensed, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment/licensure, contract period or volunteer service.

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment/licensure, contract or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the Consumer Reporting Agency: AmericanChecked Inc., 4870 South Lewis Avenue, Suite 120, Tulsa, OK 74105; telephone: 800-975-9876 ("Agency") upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two-year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: <http://americanchecked.com/privacy-policy>.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report the Company receives on me at the time the report is provided to the Company.

By checking the following box, I request a copy of all such reports be sent to me. Check here: ☐



DISCLOSURE AND AUTHORIZATION 2.2

I understand that if I am applying for employment in California, I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (CST) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington State Law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

In connection with my application for employment/licensure (including contract or volunteer services), I direct the following regarding my current employer: (please check one).

Yes, my current employer may be contacted ____ / No, my current employer cannot be contacted ____

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights ____ (initials).

For identification purposes:

First Name _____ Middle Name/MI _____ Last Name _____

Company Name _____ Tax ID # _____
(if applicable)

Address _____

Social Security No. _____ Date of Birth _____

Driver License No. _____ State of Issue _____

Signature _____

Date _____