

Applicant Name

OR

Existing Licensee Name & Number

### BACKGROUND CHECK AUTHORIZATION FORM

TO WHOM IT MANY CONCERN:

I hereby authorize the Georgia Department of Banking and Finance to obtain criminal history data on the undersigned in his/her capacity as a director, officer, principal, owner, policymaker, manager or employee of the above licensee. Also, pursuant to the provisions of Section 7-1-1004 of the Official Code of Georgia Annotated, the Department is authorized to secure information from credit reporting agencies, former employers or others regarding character, ethical reputation and financial responsibility. Such information and any conviction data received by the Department shall be used by the Department for the exclusive purpose of carrying out the responsibilities of this article, shall not be a public record, shall be privileged, and shall not be disclosed to another person or agency except to any person or agency which otherwise has a legal right to inspect the file. In order to facilitate this inquiry, I understand that I must provide the information below. The Department will notify me if further information is required. Should the data show that a violation of Section 7-1-1004 of the Official Code of Georgia Annotated exists, I understand that the Department may take the appropriate steps regarding the status of the license, as well as action against any person who does not qualify for employment under the law. Further information regarding this matter is contained in Section 7-1-1004 of the Official Code of Georgia Annotated.

**This authorization remains effective as long as I am employed in the mortgage industry.** A copy of this authorization shall be accepted with the same force and validity as the original.

\_\_\_\_\_  
**Type of Government ID Presented**

\_\_\_\_\_  
**ID Number/Expiration**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Full Name**

\_\_\_\_\_  
**Print Alias**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City, State, Zip code**

\_\_\_\_\_  
**Social Security Number**

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

\_\_\_\_\_  
**Sex**  
(M or F)

\_\_\_\_\_  
**Race**  
B – Black  
W – White  
I – American Indian or  
Alaskan Native  
A – Asian or Pacific Islander  
H - Hispanic

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**