

Applicant Name or
Existing Licensee Name
NMLS ID Number

BACKGROUND CHECK AUTHORIZATION FORM

TO WHOM IT MAY CONCERN:

I hereby authorize the Georgia Department of Banking and Finance to obtain criminal history data for the undersigned in his/her capacity as a director, officer, principal, manager or employee of the above licensee. I understand this will be a FBI criminal background check. 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 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. The procedures for changing, correcting, or updating a criminal history record is set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34.

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