

CONSENT TO EXAMINE AND OBTAIN INFORMATION

INSTRUCTIONS: A signed original of this form should be sent to the Vermont Department of Banking, Insurance, Securities and Health Care Administration at the address provided on below.

PART I - APPLICANT SECTION	
Company Name (as it is to appear on license in Vermont)	Company's Main Address (include Street, City, County, Zip Code)
Actual Name of Company	Company's Address in Vermont, if applicable (include Street, City, County, Zip Code)
Federal Tax ID/Employer Identification Number:	Telephone Number
Type of Ownership <input type="checkbox"/> Individual doing business under own name <input type="checkbox"/> Individual doing business under an assumed name <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company ("LLC") <input type="checkbox"/> Corporation <input type="checkbox"/> Sub S Corporation <input type="checkbox"/> Corporation doing business under an assumed name <input type="checkbox"/> Other (Describe) _____	Name of CEO or Owner License type being sought in Vermont: <input type="checkbox"/> Licensed Lender <input type="checkbox"/> Mortgage Broker <input type="checkbox"/> Sales Finance Company <input type="checkbox"/> Money Servicer <input type="checkbox"/> Check Casher <input type="checkbox"/> Debt Adjuster
PART II - AUTHORIZATION	
<p>This release constitutes consent by the applicant and authority for the Vermont Department of Banking, Insurance, Securities and Health Care Administration to examine and obtain copies of records, statements, credit ratings and information regarding the applicant's background</p> <p>I hereby authorize the Vermont Department of Banking, Insurance, Securities and Health Care Administration to contact any State or Licensing Agency for the purpose of certifying and obtaining information regarding the applicant.</p> <p>_____ (Name of Applicant)</p> <p>_____ (Signature of Authorized Individual)</p> <p>_____ (Title)</p> <p>Date: _____</p>	

RETURN TO:

**BANKING DIVISION
 VERMONT DEPARTMENT OF BANKING, INSURANCE SECURITIES
 AND HEALTH CARE ADMINISTRATION
 89 MAIN STREET, DRAWER 20
 MONTPELIER, VT 05620-3101**