

**CERTIFICATION BY LICENSING AGENCY/SUPERVISORY BOARD**

(NOTE: This document is two-sided )

**PART I - APPLICANT SECTION**

Copy this form as needed. Complete this section of the form. Forward this form to the agency/board of each state where you are currently licensed or certified.

Company Name (as it is to appear on license in Vermont)	Company's Address in Vermont (include Street, City, County, Zip Code)
Actual Name of Company	Company's Main Address (include Street, City, County, Zip Code)
Federal Tax ID/Social Security Number	Telephone Number in Vermont
Type of Ownership	Name of Manager
<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

**PART II****INFORMATION SPECIFIC TO EACH STATE WHERE THE APPLICANT IS CURRENTLY LICENSED**

Company Name in that state	Assumed Name under which company did or is doing business in that state, if any
Address in that state, if applicable	Issue and Expiration Date of License, Certificate of Registration or Permit to do Business
Type of License/Registration held in that state	License type being sought in Vermont

I hereby authorize \_\_\_\_\_ to furnish the Vermont Department of Banking, Insurance,  
(Name of State)  
Securities and Health Care Administration the information on the reverse side.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**LICENSING AGENCY, PLEASE COMPLETE QUESTIONS ON REVERSE SIDE**

## LICENSING / SUPERVISORY AGENCY SECTION

LICENSING AGENCY: PLEASE RETURN COMPLETED FORM TO ADDRESS AT BOTTOM OF PAGE.

Record N/A in areas not applicable. The Vermont Department of Banking, Insurance, Securities and Health Care Administration (the "Department") will accept other forms of certification provided all applicable information requested on this form is contained in the Certification.

<p>Is the information in Part II on the reverse side accurate?</p> <p style="text-align: right;">[ ] Yes [ ] No</p> <p>If no, please print accurate information here:</p>	<p>Current status of license/registration</p> <p>[ ] Active [ ] Inactive [ ] Lapsed [ ] Other _____</p>										
<p>Have there been any complaints filed against the aforementioned company in the past five (5) years? [ ] Yes [ ] No</p> <p>If yes, how many? Total _____ Resolved _____ Outstanding _____</p> <p>Summary/ description</p> <p>_____</p> <p>_____</p>											
<p>Have there ever been any formal sanctions imposed against the aforementioned company as a matter of public record indicating but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, or restriction? If yes, attach a copy of disciplinary action.</p> <p style="text-align: right;">[ ] Yes [ ] No</p>											
<p>If the Department has entered into a Shared Confidential Information Agreement with your agency, it would appreciate any additional confidential comments which are not a matter of public record.</p> <p>_____</p> <p>_____</p>											
<p>I certify that the above information contained herein or attached is true and correct according to the official records of this State.</p> <table border="0" style="width: 100%;"><tr><td style="width: 50%; border-bottom: 1px solid black;">Print Name</td><td style="width: 50%; border-bottom: 1px solid black;">Signature</td></tr><tr><td style="border-bottom: 1px solid black;">Title</td><td style="border-bottom: 1px solid black;">Date</td></tr><tr><td style="border-bottom: 1px solid black;">Agency/Board Name</td><td style="border-bottom: 1px solid black;">(_____) _____</td></tr><tr><td style="border-bottom: 1px solid black;">Street Address</td><td style="border-bottom: 1px solid black;">Telephone Number</td></tr><tr><td style="border-bottom: 1px solid black;">City, State, Zip</td><td></td></tr></table> <p style="text-align: right; margin-top: 20px;">SEAL</p>		Print Name	Signature	Title	Date	Agency/Board Name	(_____) _____	Street Address	Telephone Number	City, State, Zip	
Print Name	Signature										
Title	Date										
Agency/Board Name	(_____) _____										
Street Address	Telephone Number										
City, State, Zip											

**RETURN TO:**

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