



1780 East Broad Street
Columbus, Ohio 43203
(614) 252-7300 Fax (614) 252-7400

752 West Market Street
Akron, Ohio 44303
(330) 253-7410 Fax (614) 253-7413

Division of Financial Institutions Registration Form

PLEASE PRINT

Name of Applicant _____ Phone: _____

Address _____

City, State, Zip _____

Applicant S.S. # _____ Have you lived in Ohio for 5 years? Yes No

Has Application Been Made to The Division of Financial Institutions: Yes No

Name of Company or Employer: _____

Employee Agency File / Registration Number: _____

Please indicate type of application:

- | | |
|-------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Mortgage Broker – Loan Officer License | <input type="checkbox"/> Precious Metals Dealer License |
| <input type="checkbox"/> Mortgage Broker Certificate – Operations Mngr. | <input type="checkbox"/> Insurance Premium Finance License |
| <input type="checkbox"/> Mortgage Broker Certificate – Other | <input type="checkbox"/> Small Loan License |
| <input type="checkbox"/> Check Cashier Loan License | <input type="checkbox"/> Bank Charter |
| <input type="checkbox"/> Credit Service Organization Certificate | <input type="checkbox"/> Credit Union Charter |
| <input type="checkbox"/> Check Cashing Business License | <input type="checkbox"/> Savings Bank Charter |
| <input type="checkbox"/> Ohio Mortgage Loan Act Certificates | <input type="checkbox"/> Savings & Loan Charter |
| <input type="checkbox"/> Pawnbroker’s License | <input type="checkbox"/> Money Transmitter (Domestic) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Money Transmitter (Foreign) |

Fee: \$35.00 Payable to Secure Check. Cash _____ Check _____ Invoice _____

Clear results will be faxed to the Division of Financial Institutions (614) 728-0380 – “Mailed” results will be mailed to 77 South High Street – 21st Floor, Columbus, OH 43215.

Release of Background Check Results

I hereby certify that I have given Secure Check, Inc. permission to obtain all criminal history information pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation (BCI &I) and release that information to the Division of Financial Institutions.

By placing my fingerprint images on the Webcheck Scanner, I am authorizing BCI &I to release criminal history information about me to Secure Check, Inc. and to the Division of Financial Institutions for a period of one year from the date of this transaction. I hereby release Secure Check, Inc., BCI & I and any and all individuals connected therewith from all liability in connection with the dissemination of such criminal history information.

Signature _____

Date _____

Mailed ___ No Hit ___

Data Base: _____

Authentication #: _____

Results Sent: _____