



Department of Consumer & Business Services

Insurance Division — 3

P.O. Box 14480, Salem, OR 97309-0405

Phone: 503-947-7981, Fax: 503-378-4351

350 Winter St. NE, Salem, Oregon

insurance.oregon.gov

Criminal Records Request

I understand that a criminal background check is required by the Oregon Department of Consumer and Business Services (DCBS), Insurance Division. I am voluntarily furnishing information for use in determining my fitness to be licensed under ORS 744.001 or 744.008. I understand that any or all information contained in my application for a license may be subject to verification by DCBS.

I consent to the release of information related to my criminal background by law enforcement agencies to an authorized agent of DCBS.

Applicant's signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Applicant's printed or typed name: \_\_\_\_\_

All previous names used by applicant: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Driver's license number and state: \_\_\_\_\_

During the last three years have you lived outside of Oregon for 60 or more consecutive days?  No  Yes

If yes, list locations below.

Table with 4 columns: City, State, From: (Month/Year), To: (Month/Year). Three rows for listing locations.

List all criminal charges for which you were convicted, or pled guilty or no contest, including dates of conviction or plea and jurisdiction (attach separate sheet if necessary):

DCBS USE ONLY

Criminal background check conducted:  LEDS Date: \_\_\_\_\_

Fingerprint Date submitted to OSP: \_\_\_\_\_

Name(s) of authorized designee(s) completing fitness determination: \_\_\_\_\_

Final fitness determination outcome:  Approved  Denied