



MASTER TRUSTEES REGISTRATION APPLICATION

ORS Chapter 97; OAR 441-930

A registration fee of \$390 must be included with completed application.

1. Business name of applicant: _____
Assumed business name (ABN), if applicable: _____
2. Business address (P.O. Box number not acceptable): _____
City, State, ZIP: _____
Business phone: _____ - _____ Business fax: _____
Business email: _____ Contact name: _____
3. Mailing address, if different from above: _____
City, State, ZIP: _____
4. Provide the following with your application:
 - A. A list of financial institutions used for trust funds received under appointment from any certified provider.
 - B. Proof of business registration with the Oregon Secretary of State.
 - C. A completed and signed criminal background and credit check authorization.
(This information will be used for identification purposes only in a criminal background and credit check.)

I certify that the information contained in this application is current and correct.

Name (type or print): _____

Signature: _____

Title of applicant: _____ Date: _____

**Secure fax for credit card payments:
503-947-2333**

If paying by credit card, applicant must sign credit card information box.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Phone: _____	
Cardholder signature _____	\$ _____ Amount
Name of cardholder as shown on credit card _____	
Credit card number _____	Expiration date _____

**Make check or money order payable to the Department of
Consumer and Business Services. Mail application with**

payment to: DCBS - Fiscal Services
P.O. Box 14610
Salem, OR 97309-0445

Fiscal use only: 93080/1008





CRIMINAL BACKGROUND AND CREDIT CHECK AUTHORIZATION

Each member, partner, officer, director, or principal; owner of 10 percent or more of the corporation; owner if applicant is an entity other than a corporation; and proposed manager of the location must complete and sign the following:

First name:			Middle name:			Last name:							
Name of company:													
Home phone: - -				Office phone: - -									
Home address:				Office street address:									
City:			State:		ZIP:		City:			State:		ZIP:	
Home mailing address, if different:						Office mailing address, if different:							
City:			State:		ZIP:		City:			State:		ZIP:	
Date of birth (mm/dd/yy): / /						Position or title:							
Social Security number:						Email:							
Driver license number and state:						Percentage of ownership: %							
ATTACH A RESUME OF THE PAST FIVE YEARS OF WORK EXPERIENCE													
Have you been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:													
Have you been convicted of a misdemeanor for fraud, misrepresentation, or deceit? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:													
Have you been the subject of an administrative action in any state that resulted in civil penalties or action taken against a license you held? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:													
Have you had any entry of any money judgments that are not paid in full? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:													
Have you filed for voluntary or involuntary bankruptcy protection? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:													

I certify that the information I have provided is current and accurate as of the day it was signed and I understand that my signature authorizes an investigative consumer report as defined in the Fair Credit Reporting Act (15 USC 1681 et seq.).

Signature

Date