

## Consent Form

**EACH APPLICANT'S NAME THAT APPEARS ON LICENSE APPLICATION FORM MUST COMPLETE A SEPARATE CONSENT FORM**

I hereby authorize Commissioner of Insurance/State Fire Marshal or his designee to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency.

Company: \_\_\_\_\_  
(Company's Full Name Printed)

Name: \_\_\_\_\_  
(Individual's Full Name Printed)

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Current Resident Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTARY**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
In the county of \_\_\_\_\_, state of \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(My Commission Expires)