Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8500
www.dpor.virginia.gov



## ADVERSE FINANCIAL HISTORY REPORTING FORM (Applicants Only)

This form is to be used by <u>applicants</u> in conjunction with your DPOR license, certification, or registration application. The information requested is in regard to your affirmative response(s) to the question regarding adverse financial history and should be included with your application package. If you did not report any adverse financial history on your application, this form is <u>not</u> required.

This form is to be submitted directly to DPOR Board Section at the address provided above.

APPLICA	NT INFORMATION					
Individual	/Business Name:				)	
☐ Individu	al Legal Name (As it a	opears on your government is	sued ID or other legal doo	cumentation.)		
	Last (required) First (required)			ddle	Generation	
	s/Sole Proprietor Name					
Professio		···· *				
Provide <u>o</u>	➤ Provide <u>one</u> of the following identification number <sup>*</sup> :					
Business - Federal Employee Identification Number (EIN):						
<ul> <li>☐ Individual - Social Security or ☐ Virginia DMV Control Number:</li> <li>★ Use the same identification number as used on file with DPOR from a previous application.</li> </ul>						
ADVERSE FINANCIAL HISTORY						
,	onds; or pending/past b		•	ims, or suits; outstanding tax nd submit the required attace  Comments/Notes	chments for	
❖ Required A Provide a c		order decree or case of	lecisions by a court o	or regulatory agency with lawfu	ul authority to	
	order, decree or case de		ecisions by a count o	i regulatory agency with lawit	ir authority to	
SIGNATUR	E					
	•	foregoing statements rd's decision to approve		ue, and that I have not suppon.	oressed any	
Signature		Print I	Name	Date		
Title						