

ADVERSE FINANCIAL HISTORY REPORTING FORM
(Applicants Only)

This form is to be used by **applicants** 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 **not** required.

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

APPLICANT INFORMATION

➤ Individual/Business Name:

☐ Individual Legal Name (As it appears on your government issued ID or other legal documentation.)

Last (required)

First (required)

Middle

Generation

☐ Business/Sole Proprietor Name _____

➤ Profession: _____

➤ Provide one of the following identification number*:

☐ Business - Federal Employee Identification Number (EIN): _____

☐ Individual - Social Security or ☐ Virginia DMV Control Number:

* Use the same identification number as used on file with DPOR from a previous application.

ADVERSE FINANCIAL HISTORY

Applicant - if you answered 'yes' on your license, certification or registration application for any outstanding/past-due debts (including child support arrearage); judgments; liens; past due unpaid bills, claims, or suits; outstanding tax obligations; defaults on bonds; or pending/past bankruptcies, **complete the following table and submit the required attachments for each item reported.**

Type of debt	Date debt incurred/ assessed	Location of debt (county/state)	Status	Comments/Notes

❖ **Required Attachments:**

Provide a certified copy of the final order, decree or case decisions by a court or regulatory agency with lawful authority to issue such order, decree or case decisions.

SIGNATURE

I, the undersigned, certify that the foregoing statements and answers are true, and that I have not suppressed any information that might affect the Board's decision to approve my pending application.

Signature _____ Print Name _____ Date _____

Title _____
(Businesses Only)