

Attachment [B]

AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES

TO BE SUBMITTED FOR EACH PERSON LISTED IN QUESTION # 16 ON PAGE 2 & ANY INCORPORATOR

Name:	Social Security #: XXX-XX-_____
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List any other name used (e.g. maiden, prior marriage, nickname, other legal change, etc.)

Home Address, City, State, Zip Code:

Date of Birth:	Home Telephone No:
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Read the following questions carefully. If the answer is "yes" to any of the questions within the past ten years, attach a full written explanation. Include names, dates, court name and address, case number, judgment amounts.

1.	Have any civil judgments been entered against you during the past 10 years?	<input type="checkbox"/> Yes (<i>attach explanation</i>)	<input type="checkbox"/> No
2.	Are there any civil proceedings pending against you or civil judgments entered against you which involve fraud or dishonesty?	<input type="checkbox"/> Yes (<i>attach explanation</i>)	<input type="checkbox"/> No
3.	Have you been convicted of, entered a plea of Nolo Contendere, or received a withheld judgment to a felony?	<input type="checkbox"/> Yes (<i>attach explanation</i>)	<input type="checkbox"/> No
4.	Have you ever been convicted of, entered a plea of Nolo Contendere or received a withheld judgment to any misdemeanor involving theft, fraud, or dishonesty?	<input type="checkbox"/> Yes (<i>attach explanation</i>)	<input type="checkbox"/> No
5.	Have you been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	<input type="checkbox"/> Yes (<i>attach explanation</i>)	<input type="checkbox"/> No
6.	Have you been subject to any enforcement proceedings by any State or Federal government agency involving a cease and desist order, denial, revocation or suspension of any business, fines or penalties?	<input type="checkbox"/> Yes (<i>attach explanation</i>)	<input type="checkbox"/> No
7.	Have you been discharged for cause, been requested to resign from any employment position, or has any professional or occupational license or permit or your right to engage in any business been refused or restricted in any jurisdiction?	<input type="checkbox"/> Yes (<i>attach explanation</i>)	<input type="checkbox"/> No
8.	Is there a criminal complaint, accusation, or information presently pending against you, or are you under indictment in any state, or by the federal government, or by any other jurisdiction?	<input type="checkbox"/> Yes (<i>attach explanation</i>)	<input type="checkbox"/> No

I hereby authorize the licensing authority, to make inquiries of any insurer, financial institution or credit bureau for the purpose of determining his/her financial responsibility, character and fitness in connection with an application for a license or registration.

I hereby certify that the information on this form is, to the best of my knowledge, complete and accurate.

Signature

SUBSCRIBED BEFORE ME ON THIS _____ day of _____, 20_____.

AT: _____, _____

(City) (State or Commonwealth)

(Seal)	_____ Signature of Notary Public
	_____ Print Name of Notary Public
	_____ Date Commission Expires