



Kentucky Department of Financial Institutions
1025 Capital Center Drive, Suite 200
Frankfort, Kentucky 40601
Tel (502) 573-0184
Fax (502) 573-0184

STATE LICENSE CONFIRMATION FORM

(To be completed by APPLICANT)

(Legal Name and Address of Applicant)
is applying for a consumer loan license pursuant to Kentucky Revised Statutes Chapter 286.4. I hereby authorize _____ (Name of State or Jurisdiction) to release to the Kentucky Department of Financial Institutions any and all information requested regarding my license number _____ issued by _____ (“STATE AGENCY”).

(Name and Title)

(Signature)

(Date)

(To be completed by STATE AGENCY and returned to address above, attn: Division of Non-Depository Institutions, Licensing Branch)

- A. What type of license does the applicant currently hold? What is the issue date, license number and expiration date?
- B. If a license was issued, did your agency conduct an investigation?
- C. Does your agency conduct periodic examinations of the applicant?
- D. Have any complaints against the applicant been filed with your agency in the past three years? If yes, please give number, nature and disposition of the complaint(s).
- E. Has any disciplinary/enforcement action been taken against the applicant? If yes, please identify type, date and disposition.

Form CL-4
March 2015 ed.

Name/Title of Person Completing Form: _____

Agency Name and Phone Number: _____