



**FINANCIAL INSTITUTIONS DIVISION**  
**Arizona Department of Insurance and Financial Institutions**  
100 North 15<sup>th</sup> Avenue, Suite 261, Phoenix, AZ 85007-2630  
Phone: (602) 771-2800 | Web: <https://difi.az.gov>

**Douglas A. Ducey, Governor**  
**Evan G. Daniels, Director**

**DIFI Biographical Statement**

***Do not leave any blank spaces.***

There must be an answer provided for each inquiry. If not applicable use "None" or "n/a".

**1. Identifying Information**

Individual's Full Legal Name:		Title/Position:	
Licensee/Applicant Name:	License Type:	AZDIFI License# (if applicable):	
Residential Address:			
City:		State:	Zip Code:
Business Telephone Number:	Mobile Telephone Number:	E-mail Address:	
Alias(es) Nicknames, or changes in name:			
Social Security No.:	Date of Birth:	Place of Birth:	

**2. Residence Information**

Show all residences for the past ten (10) years in chronological order with the most recent first. Attach additional pages if necessary.

From:	Address:	City:	State:	Zip Code:
To:				
From:	Address:	City:	State:	Zip Code:
To:				
From:	Address:	City:	State:	Zip Code:
To:				
From:	Address:	City:	State:	Zip Code:
To:				
From:	Address:	City:	State:	Zip Code:
To:				



**FINANCIAL INSTITUTIONS DIVISION**  
**Arizona Department of Insurance and Financial Institutions**  
100 North 15<sup>th</sup> Avenue, Suite 261, Phoenix, AZ 85007-2630  
Phone: (602) 771-2800 | Web: <https://difi.az.gov>

**Douglas A. Ducey, Governor**  
**Evan G. Daniels, Director**

**3. Employment Information**

**A. Employment History:**

Show every employment you have had and all periods of employment for the past ten (10) years in chronological order with the most recent first. Operating your own business is considered employment, please list that information. You must include complete addresses. Resumes or personal references are not accepted in lieu of completing this form (include current position). Attach additional pages if necessary.

From:	Name of Employer:	Address of Employer:
To:		
Position/Title:	Reason for Leaving:	
Supervisor:		
From:	Name of Employer:	Address of Employer:
To:		
Position/Title:	Reason for Leaving:	
Supervisor:		
From:	Name of Employer:	Address of Employer:
To:		
Position/Title:	Reason for Leaving:	
Supervisor:		
From:	Name of Employer:	Address of Employer:
To:		
Position/Title:	Reason for Leaving:	
Supervisor:		
From:	Name of Employer:	Address of Employer:
To:		
Position/Title:	Reason for Leaving:	
Supervisor:		



**FINANCIAL INSTITUTIONS DIVISION**  
**Arizona Department of Insurance and Financial Institutions**  
100 North 15<sup>th</sup> Avenue, Suite 261, Phoenix, AZ 85007-2630  
Phone: (602) 771-2800 | Web: <https://difi.az.gov>

**Douglas A. Ducey, Governor**  
**Evan G. Daniels, Director**

**4. Disclosures**

If the answer to any of the following is "YES", provide complete details of all events or proceedings in an attachment, including as applicable; name and location of court, docket or case number, and status and summary of event or proceeding; copies of applicable charge(s), order(s), and/or consent agreement(s). Refer to the explanation of terms section of the instructions for explanations of italicized terms. Remember to file updates of these disclosures as needed.

**A. Criminal Disclosure**

	YES	NO
(a) Has the individual ever:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been charged with any felony?	<input type="checkbox"/>	<input type="checkbox"/>
(b) In the past ten years has the individual:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a misdemeanor involving: financial services or a financial services-related business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been charged with a misdemeanor specified in 4(B)(1)?	<input type="checkbox"/>	<input type="checkbox"/>

**B. Regulatory Action Disclosure**

(c) In the past ten years, has any State or federal regulatory agency or foreign financial	<input type="checkbox"/>	<input type="checkbox"/>
(1) found the individual to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(2) found the individual to have been involved in a violation of a financial services-related regulation(s) or statute(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) found the individual to have been a cause of a financial services-related business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an order against the individual in connection with a financial services-related activity?	<input type="checkbox"/>	<input type="checkbox"/>
(5) denied, suspended, or revoked the individual's registration or license or otherwise, by order, prevented it from associating with a financial services-related business or restricted its activities?	<input type="checkbox"/>	<input type="checkbox"/>
(d) Has the individual's authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
(e) Is the individual now the subject of any regulatory proceeding that could result in a "yes" answer to any part of 4(C)?	<input type="checkbox"/>	<input type="checkbox"/>

**C. Civil Judicial Disclosure**

(f) Has any domestic or foreign court:		
(a) in the past ten years enjoined the individual in connection with any financial services-related activity?	<input type="checkbox"/>	<input type="checkbox"/>
(b) in the past ten years found the individual to be in violation of any financial services-related statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(c) in the past ten years dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against the applicant by a State or foreign financial regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>



**FINANCIAL INSTITUTIONS DIVISION**  
**Arizona Department of Insurance and Financial Institutions**  
100 North 15<sup>th</sup> Avenue, Suite 261, Phoenix, AZ 85007-2630  
Phone: (602) 771-2800 | Web: <https://difi.az.gov>

**Douglas A. Ducey, Governor**  
**Evan G. Daniels, Director**

(g) Is the individual named in any pending financial services-related civil action that could result in a "yes" answer to any part of (f)?	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	--------------------------

**D. Financial Disclosure**

(h) In the past ten years has the individual been the subject of a bankruptcy petition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Has a bonding company ever denied, paid out on, or revoked a bond for the individual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Does the individual have any unsatisfied judgments or liens against them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. Affidavit:**

- (a) I have read and understand the items and instructions on this form;
- (b) My answers (including attachments) are true and complete to the best of my knowledge;
- (c) I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers;
- (d) I authorize all my current and former *employers*, law enforcement agencies, and any other *person* to furnish to any *jurisdiction*, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former *employers*, complete reasons for my termination;
- (e) I have read and understand applicable federal and state law, and will be in compliance at all times;
- (f) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis;

Signature of individual: \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_\_



**FINANCIAL INSTITUTIONS DIVISION**  
**Arizona Department of Insurance and Financial Institutions**  
100 North 15<sup>th</sup> Avenue, Suite 261, Phoenix, AZ 85007-2630  
Phone: (602) 771-2800 | Web: <https://difi.az.gov>

**Douglas A. Ducey, Governor**  
**Evan G. Daniels, Director**

**DIFI Biographical Statement Checklist**

- Biographical Statement
- Background Check: Required for Control persons, Active Managers and Responsible Individuals. Control persons are individuals whom directly or indirectly own 20% (15% for money transmitters) or more of the voting shares of the applicant. (see application instructions)
- Letter of explanation and all applicable documents for any Disclosure question that was marked "Yes".

**Did You Remember To:**

Answer ALL blanks, questions or statements AND if not applicable entered "NONE" or "N/A"

Legibly print or type all information on all documents

Staple each individual set of forms together

Properly label attachments to correspond with the applicable document and document inquiry

Sign all documents where applicable

Make copies for your records

Include all documents required before submitting application packet