

Phone: (602) 771-2800 | Web: <u>https://difi.az.gov</u>

Katie Hobbs, Governor Barbara Richardson, Executive Deputy Director

Trust Company Renewal Application and Instructions

License Year: January 1 through December 31, 20_____

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1. Affidavit:	
State of) ss County of	
Iasswear or aff executed this form before a Notary Public, of my own free will and:	irm that I have
 a. I have read and understand the items and instructions within the application; 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 misle d. I authorize all my current and former employers, law enforcement agencies, and any other perso jurisdiction, or any agent acting on its behalf, an information they have, including without limita creditworthiness, character, ability, business activities, educational background, general reputation 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 supplementa a timely basis. 	eading answers n to furnish to any tion my on, history of my s;
Signature Date:	
Subscribed and sworn to before me thisday of, 20	
Notary Public Name:	
Notary Public Signature:	
Appointment expiration	
Notary Seal Here:	