

FINANCIAL INSTITUTIONS DIVISION

Arizona Department of Insurance and Financial Institutions

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Katie Hobbs, Governor Barbara Richardson, Executive Deputy Director

Trust Company Renewal Application, Checklist and Instructions

License Year: January 1 through December 31

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1. Affidavit:
State of) ss County of
Iasswear or affirm that I have executed this form before a Notary Public, of my own free will and:
 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, an 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 Date:
Subscribed and sworn to before me thisday of, 20 Notary Public Name:
Notary Public Signature:
Appointment expiration
Notary Seal Here: