



**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**

**Personal History Statement**

The entries made in this form are subject to verification. Insure that they are complete and accurate since providing false information or omitting significant information in this form is a criminal offense. The information entered herein is for official use only and will be maintained in confidence.

Legibly print or type all information. Do not leave any blank spaces. There must be an answer provided for each inquiry. Therefore, if not applicable, use "None" or "N/A".

Do not add attachments in lieu of completing our forms. If additional space is needed after completing the space provided for an inquiry on our form then make additional copies of that page or attach a separate sheet if additional space is still necessary.

**A. GENERAL**

1. \_\_\_\_\_ Mr. Ms. Mrs. \_\_\_\_\_  
 Position (Title/Owner/RI/AM etc.)      Circle One      Last Name      First Name      Middle Name

2. \_\_\_\_\_  
 Address      City      State      Zip      Res. Phone

3. \_\_\_\_\_  
 Social Security Number      Date of Birth      Place of Birth

4. \_\_\_\_\_  
 Alias(es) Nicknames, or changes in name:      Maiden Name (if any)

5. \_\_\_\_\_  
 Height      Weight      Color of Eyes      Color of Hair

6. Scars, Physical Defects, Distinguishing marks \_\_\_\_\_

7. Driver License No. & State of Issue \_\_\_\_\_ (Attach a legible copy of your license)

8. Do you have a history of mental or nervous disorder?       Yes       No

9. Are you now or have you ever used or been addicted to the use of habit-forming drugs such as narcotics or barbiturates?       Yes       No

10. Have you ever used any narcotic drug, dangerous drug, hallucinatory drug or any other substance deemed to be unlawful to possess or use?       Yes       No

11. Are you now or have you ever been a chronic user to excess of alcoholic beverages?       Yes       No

12. Has an order, injunction or judgment, whether or not final, been entered against you in a civil action on account of fraud, misrepresentation or deceit?       Yes       No

13. Have you filed bankruptcy within the last 15 years? If yes, attach a complete copy of the bankruptcy discharge.       Yes       No

If the answer to any of the above is "Yes", furnish complete details in "Remarks" Section "I" page 3.

14. Are you presently a member of a Military Reserve or National Guard Organization?       Yes       No  
 If "Yes", complete the following. Grade: \_\_\_\_\_ Unit and Location: \_\_\_\_\_

**B. CRIMINAL RECORD**

Have you ever been:

1. detained, held, arrested, indicted, or summoned into court as a defendant in a criminal proceeding?       Yes       No

2. convicted, fined or imprisoned or placed on probation?       Yes       No

3. ordered to deposit bail or collateral for the violation of any law, ordinance, police regulation or military regulation?       Yes       No

4. detained, held or arrested for a traffic violation?       Yes       No

If the answer is "Yes" to any of the above questions, complete the following:

Date	Offense	Location of Offense	Disposition



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(Additional space available in "Remarks" Section "I" page 3)



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**C. EMPLOYMENT:** (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. You must include complete addresses.)

Date From / To	Name and Complete Address of Employer (include street, city, and zip) Resumes or Personal References – Are Not Accepted As Employment Verification	Position/ Title	Supervisor	Reason for Leaving

1. Did any of the above employments require a security clearance?  Yes  No
  2. Have you ever been refused Bond?  Yes  No
- If the answer is "Yes", to either of the above explain in "Remarks" Section "I" page 3.

**D. MEMBERSHIP:** (in past and/or present organizations, show all memberships you have had for the past ten (10) years)

Name of Organization	Type	Date From / To

**E. EDUCATION:** (Account for all schools attended other than primary grades K-8)

Dates From / To	Name and Location of School	Degree



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**F. FAMILY:** (Identify all family members, including children and siblings)

Relationship	Name	Current Address
Father		
Mother		
Spouse (First and Maiden Name)		
Children/Brothers/Sisters:		

**G. RESIDENCES:** (Show all residences for the past ten (10) years in chronological order with the most recent first)

Date From / To	Street and Number and City	State and Zip

**H. ATTACHMENTS:**

- Have you attached a legible copy of your drivers' license?  Yes  No
  - A letter of explanation and resolution of any past or current derogatory credit or criminal issues?  N/A  Yes  No
- If No, why not? \_\_\_\_\_

**I. REMARKS:** (Furnish complete details and attach additional sheets if necessary)



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**Read, sign and notarize both top and bottom portion of this document**

**Affidavit**

STATE OF \_\_\_\_\_ )  
 ) ss.  
 COUNTY OF \_\_\_\_\_ )

I certify that the above entries made by me are true, complete, and correct to the best of my knowledge and belief.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

**Notarization of Signature**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 My commission expires

\_\_\_\_\_  
 Notary Public

**Affidavit (part 2)**

STATE OF \_\_\_\_\_ )  
 ) ss.  
 COUNTY OF \_\_\_\_\_ )

I (print your name) \_\_\_\_\_ in connection with  
 (print company name) \_\_\_\_\_ and pursuant to the provisions of  
 the Arizona Revised Statutes, hereby authorize the Superintendent of Financial Institutions, the Attorney General of  
 Arizona and their agents, to examine or receive a copy of any record maintained by the United States Armed Forces, or  
 any Governmental Body, or any University, College or Board of Education of any state, or any bank or credit agency,  
 relating to me, in the same manner and to the same extent as if I personally applied for the same, and I hereby authorize  
 such records be disclosed or furnished in accordance with any request made by or on behalf of the Superintendent of  
 Financial Institutions, the Attorney General of Arizona or their agents.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

**Notarization of Signature**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 My commission expires

\_\_\_\_\_  
 Notary Public