

**OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

John F. King, Commissioner

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CONSENT FORMSafety Fire
Manufactured Housing
GID-444-SF JUL2019**EACH APPLICANT'S NAME THAT APPEARS ON LICENSE APPLICATION FORM MUST COMPLETE A SEPARATE CONSENT FORM**

I hereby authorize Commissioner of Insurance/State Fire Marshal or his designee to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency.

Company: _____

(Company's Full Name Printed)

Name: _____

(Individual's Full Name Printed)

Social Security Number: _____ Date of Birth: _____ Sex: _____ Race: _____

Current Resident Address: _____

(Street and Number)

City: _____ State: _____ Zip: _____

Signature_____
Date**NOTARY**

Sworn to and Subscribed before Me this _____ day of _____, _____.

In the County of _____, State of _____.

(Notary Public)_____
(My Commission Expires)

(Seal)

DUPLICATION OF THIS FORM IS AUTHORIZED

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