

Background Check Authorization Form

To whom it may concern:

I hereby authorize Coldesina Capital to conduct a background investigation report, including but not limited to, professional history information, criminal record information, civil record information, and other public record information. It is understood that a copy of this form will serve as authorization by me allowing Coldesina Capital to conduct this background check.

The information that Coldesina Capital obtains is only to be used in conjunction with performing the broker approval due diligence for Coldeina Capital. The authorization expires 30 days from the date below.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective broker to Coldesina Capital. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective broker may be delayed or rejected.

First Name _____ Middle _____ Last Name _____

Date of Birth _____ Social Security Number _____

Current Address _____ City _____ State _____ Zip Code _____

Previous Address _____ City _____ State _____ Zip Code _____

Signature _____ Date _____