# OREGON STATE ATHLETIC COMMISSION

# Personal Disclosure Form





# PERSONAL DISCLOSURE GENERAL INSTRUCTIONS

Hand-print or type an answer to every question. If a question does not apply to you, state N/A. If space available is insufficient, continue on a separate sheet and precede each answer with the appropriate title (and number). Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page as provided in lower, right-hand corner. By placing his/her initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license with the Oregon State Athletic Commission.

AFFIX A PHOTOGRAPH OF APPLICANT HERE THAT WAS TAKEN WITHIN THE PAST YEAR

# PERSONAL INFORMATION SECTION 1

### 1. APPLICANT

Last Name	st Name First Name			Middle Na	Middle Name			
Aliases (nicknam	nes, maiden name,	other name changes	, legal or otherwis	se)				
Residence Addre	ess				City/State	/Zip		
Employer/Addres	SS				City/State	/Zip		
Occupation/Title		Work Phone	one Home Phone			Cell Phone		
Birth Date		Place	Place of Birth (City, County, State, Country)					
Height Weight		Sex	Sex Color of Hai		Color of Eyes Complexion			
Social Security Number		Drive	Driver's License Number		State			
			_	OCEEDINGS TION 2				
citations	.) letails in space		· ·	ss of the dispo		□ \state.	Yes □ No	
				t ever been retu ted co-party or c		,	or which y ☐ Yes	
3. Have you ever received a pardon for any criminal offense?			☐ Yes	□ No				
If yes, w	hen?	City	, County, Sta	te				
4. Have yo	u been a susp	ect or possible	suspect in an	y crime?			☐ Yes	□ No
<ul><li>5. Have you been convicted of a crime and</li><li>a. Had the conviction "purged" from your record?</li><li>b. Been given a "deferred sentence?"</li><li>c. Been given a "diversion?"</li></ul>					□ Yes □ Yes □ Yes	□ No		
6. Have you been the subject of a Grand Jury Investigation?				☐ Yes	□ No			

int su pa Ple ap ap an rep or the for	Then a license is issued, in the State of Oregon, the issuing entities are required formation to the Oregon Department of Justice Child Support Program. If you or upport the Child Support Program will contact you and it is possible your license coul ayment arrangements are not made per Oregon Revised Statute 25.750 – 25.785 ease mark ONE appropriate response (failure to mark one of the three will result or polication)  I am not subject to a court order for the support of a child.  I am subject to a court order for the support of one or more children and am in compliant in compliance with a plan approved by the district attorney or other public agency enforcing payment of the amount owed pursuant to the order; or  I am subject to a court order for the support of one or more children and am not in order or a plan approved by the district attorney or other public agency enforcing the order for the amount owed pursuant to the order.  Declare under penalty of perjury under the law of the State of Oregon that I have read the formation of the complete of the complete or an end of the complete or an e	we past Id be sur It in der Ince with the Ing the of Icomplian Ico	he order or rder for the ce with the payment of application knowledge.
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	CHILD SUPPORT INFORMATION		
	CHILD SUPPORT INFORMATION SECTION 3		
	Sole Proprietorships, and Partnerships must complete Section 3		1
11.	jurisdiction?	☐ Yes	,
11	Have you ever been denied, or ever had revoked a promoter's or fighter's license of any	□Yes	□ No
10.	Have you ever been delinquent on any Federal, State or Parish/County Income Taxes owed		
9.	Is there a tax lien on your income or assets?	□Yes	□ No
	Have you ever been involved in any bankruptcy proceeding in any jurisdiction?	□Yes	□ No
8.		☐ Yes	□ No

#### FINANCIAL RECORDS DISCLOSURE AUTHORIZATION

#### TO ANY FINANCIAL INSTITUTION:

I authorize and direct you to disclose any and all records and to deliver true copies thereof concerning or pertaining in any way to me or to the undersigned business to any law enforcement officer of the Oregon State Police, Gaming Enforcement Division. Disclosure is authorized for any civil, administrative, or criminal action which may be undertaken by the State of Oregon against me or any other person or business. Further, I authorize and direct you to honor a true copy of the original of this authorization as if the copy were the original itself.

#### **NOTICE TO APPLICANT:**

I understand that pursuant to ORS 192.560(2)(d), I may revoke this authorization at any time in writing. Any such revocation shall be sent to the Oregon State Athletic Commission, 4190 Aumsville Highway SE, Salem, Oregon 97317, certified mail, return receipt requested.

E.	XCUTED thi	sday of	, 20
		Applicant's Signature	
		Print Name	
		Applicant's Title	
Subscribed and Sworn to be this			
thisday ofat	, 20,		
City	State		(SEAL)
Notary Public (Signature)			
Print Name			
My Commission Expires			

#### AUTHORITY TO RELEASE CREDIT, CHARACTER, AND VENDOR HISTORY INFORMATION

Having made application through the Oregon State Athletic Commission, I hereby authorize a complete investigation of my record including personal history, academic record, job performance, credit record, civil litigation, banking records, corporate filings, and criminal arrest and conviction by the Oregon State Police, or another police agency authorized to conduct investigations, to ascertain any and all information which may concern personal credit, character, or history, whether same is of record or not, release your organization and all persons whomsoever from any charge because of furnishing said information. I authorize a true copy of the original of this authorization as if the copy were the original itself.

#### **NOTICE TO APPLICANT:**

I understand that pursuant to ORS 192.560(2)(d), I may revoke this authorization at any time in writing. Any such revocation shall be sent to the Oregon State Athletic Commission,4190 Aumsville Highway SE, Salem, OR 97317, by certified mail, return receipt requested.

That I hereby attest that the information provided is true, accurate, and complete to the best of my knowledge.

		Corporate Name (Please Print)	
		Name	
		Signature	Date
		Telephone	
Subscribed and Sworn to this	before me		
day of	, 20,		
at City	State		(SEAL)
Notary Public (Signature)			
Print Name			
My Commission Expires:_			

## SWORN STATEMENT AND DEPOSITION

State of	)		
County of	) ss. )		
I,attached statements,	documents, information, a	peing duly sworn, depose and say that I have read the and organizational chart, and that they are true and o statement is executed with the knowledge that misre	correct to the
or failure to disclose Oregon State Athle misrepresentation magrounds for the cance disclosure under oath that, "(1) A person co	e made in the above disc etic Commission. Further ade in the above statement cellation of an existing cor th with the full knowledge	closure may be deemed sufficient cause for the rest, that I am aware that later discovery of an ents, documents, information, and organizational cutract or agreement. Further, that I am voluntarily suthat Oregon Revised Statute 162.075, False Swearing if the person makes a false sworn statement.	efusal by the omission o hart may be ubmitting this ing, provides
	Signature		
	Printed Name	Title	
Representative's behalf of the vendor/ocomplete to the best	s Name company/applicant. That I	hereby certify that I have prepared this document on hereby attest that the information provided is true, a	ccurate, and
	Printed Name Business Address:	Title	
		Telephone Number:	
Subscribed and Sworthis			
thisday ofat		(SEAL)	
City	State	(OL/IL)	
Notary Public (Signat	ture)		
Print Name			
My Commission Expi	res.		

## ADDITIONAL INFORMATION

(Add additional sheets as necessary)