

**STATE OF IOWA  
DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF CRIMINAL INVESTIGATION**



**CLASS L-1 BACKGROUND APPLICATION**

**A COPY OF LAST 3 YEARS FEDERAL INCOME TAXES MUST BE ATTACHED.**

Revised 09/07/16

The Iowa Division of Criminal Investigation will make every effort to handle each application in the most expeditious manner possible. However, the Iowa Division of Criminal Investigation will take whatever time necessary to conduct a thorough background investigation. Background investigations may take several weeks, depending on the level of license required and the complexity of the investigation.

**Investigation Fee:**

An application fee of \$4,000 for an Iowa background and \$6,000 for an out-of-state background shall be paid at the time of filing. If the cost of the investigation exceeds the total amount of fees filed by the applicant in this subsection, the Iowa Division of Criminal Investigation shall assess additional fees as it deems appropriate. A check or money order payable to the Iowa Division of Criminal Investigation must be submitted by the applicant or the applicant's employer with the application's submission. The applicant or the applicant's employer shall be responsible for the total cost of the investigation. If the applicant is denied a license, the applicant shall not be entitled to a refund of the actual cost of the investigation.

**Instructions:**

Read every question carefully prior to responding and answer every question completely. Failure to answer any question or giving incomplete answers will cause your application to be returned.

If a question does not apply to you, indicate "Not Applicable" by placing N/A in response to that question. If there is nothing to disclose as to a particular question, state "None" in response to that question.

All entries on this form must be typed or neatly printed except for initials and signatures. Each page of this form must be initialed by you after completion in the space indicated at the bottom of each page. All entries on this form, except initials and signatures, must be typed or printed. If the application is not legible, it will not be accepted. Any modification to the questions or the pre-printed information asked for in this form or incomplete submissions will result in the rejection of your application.

This application form is to be completed by the person who wishes to apply for an Iowa Lottery contract. Return the completed background application and all supporting documentation in one submission along with payment (made payable to the Iowa Division of Criminal Investigation) to the Iowa Lottery Authority, 13001 University Avenue, Clive, IA 50325-8225.

All persons completing this application form must be fingerprinted by a law enforcement agency. Two completed fingerprint cards must accompany this application. Fingerprint cards will be furnished by the law enforcement agency taking the fingerprints.

Sign both the Statement of Truth and the Release Authorization forms in the presence of a notary public and have your signatures notarized. Complete the I.R.S. form, Part I.

If you need additional space to answer any questions, be sure to indicate the number of the question you are answering if you use this additional space.

NOTE: If the name on any of the provided identification is different than the name on your application, you must also provide a court ordered name change, marriage certificate or divorce decree to establish the reason for the different name.

### **DEFINITIONS**

**GAMBLING:** Shall mean all types of racing and gaming activities, including but not limited to: dog track, horse track, greyhound racing, horse racing, lottery, casino and pari-mutuel operations.

**BUSINESS ENTITIES:** Sole proprietorships, partnerships (limited and general), joint ventures, trusts, corporations publicly traded, closely held corporations, holding corporations, professional corporations, limited liability, syndications, or other type of business entity.

## SECTION 1

### APPLICANT INFORMATION

1. FULL NAME: \_\_\_\_\_  
First Middle Maiden Last
2. HOME ADDRESS: \_\_\_\_\_  
Street City State Zip Code
3. TELEPHONE NUMBER: Home: \_\_\_\_\_ Work: \_\_\_\_\_
4. DOB: \_\_\_\_\_ Birthplace: \_\_\_\_\_ SSN: \_\_\_\_\_
5. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Sex: \_\_\_\_\_
6. Give any other names you have used or by which you have been known.  
\_\_\_\_\_  
\_\_\_\_\_
7. Present Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Street City State Zip Code  
Your present job title and description of duties: \_\_\_\_\_  
\_\_\_\_\_  
Brief description of company's product or service: \_\_\_\_\_  
\_\_\_\_\_
8. Is there anything that you would like to discuss with an agent before the background investigation is initiated? Yes ☐ No ☐.

## CITIZENSHIP DATA

(Check appropriate space)

9. I am:

A native born citizen of the United States? ☐

A naturalized citizen of the United States? ☐

An alien on visa, work paper or passport? ☐

Other ☐

If you are an alien;

List alien number: \_\_\_\_\_ Document number is on: \_\_\_\_\_

Port or Place of Entry into United States: \_\_\_\_\_  
Date

If you are not present in the United States on a visa, work papers or passport, explain basis for your presence in this country.

---

---

---

## **RESIDENCE DATA**

10. Beginning with your current residence(s) and working backwards, provide the following information with respect to each residence you have held in the last ten (10) years:

Dates				Address (No., Street, Apt., City, State & Country)	Own/Rent	Name, Address & Telephone No. of Landlord or Mortgage holder, if any
From		To				
Mo.	Yr.	Mo.	Yr.			

If additional space is needed, use page 30.

## **FAMILY DATA**

11. All applicants must give complete family information. Even though a relative is deceased, give all the information requested, and indicate last residence and year of death. Include stepchildren, half-brothers and half-sisters. If you or your spouse have stepparents, legal guardians, or others who have reared you instead of your parents, the requested information should be furnished concerning them as well as your real parents. If you are engaged to be married or contemplating marriage in the near future, complete information must be included and clearly show that such relationship is a future one.

All incomplete forms (i.e. partial date of birth) will be rejected and sent back for completion.

### **APPLICANT'S FAMILY DATA**

#### **FATHER**

First	Middle	Last
Street Address: _____		
City: _____	State: _____	
Birthdate: _____		
Birthplace: _____		
Occupation: _____		
Business Name: _____		
Business Address: _____		

#### **MOTHER**

First	Middle	Maiden	Last
Street Address: _____			
City: _____	State: _____		
Birthdate: _____			
Birthplace: _____			
Occupation: _____			
Business Name: _____			
Business Address: _____			

#### **SPOUSE**

First	Middle	Maiden	Last
Street Address: _____			
City: _____	State: _____		
Birthdate: _____			
Birthplace: _____			
Occupation: _____			
Business Name: _____			
Business Address: _____			

#### **FORMER SPOUSE**

(Information concerning former spouse will be covered later in this application - refer to page 10).

Initials \_\_\_\_\_

**CHILD/STEPCHILD**

First	Middle	Last
Street Address: _____		
City: _____	State: _____	
Birthdate: _____		
Birthplace: _____		
Occupation: _____		
Business Name: _____		
Business Address: _____		

**CHILD/STEPCHILD**

First	Middle	Last
Street Address: _____		
City: _____	State: _____	
Birthdate: _____		
Birthplace: _____		
Occupation: _____		
Business Name: _____		
Business Address: _____		

**BROTHER**

First	Middle	Last
Street Address: _____		
City: _____	State: _____	
Birthdate: _____		
Birthplace: _____		
Occupation: _____		
Business Name: _____		
Business Address: _____		

**CHILD/STEPCHILD**

First	Middle	Maiden	Last
Street Address: _____			
City: _____	State: _____		
Birthdate: _____			
Birthplace: _____			
Occupation: _____			
Business Name: _____			
Business Address: _____			

**BROTHER**

First	Middle	Last
Street Address: _____		
City: _____	State: _____	
Birthdate: _____		
Birthplace: _____		
Occupation: _____		
Business Name: _____		
Business Address: _____		

**BROTHER**

First	Middle	Last
Street Address: _____		
City: _____	State: _____	
Birthdate: _____		
Birthplace: _____		
Occupation: _____		
Business Name: _____		
Business Address: _____		

Initials \_\_\_\_\_



**SISTER**

First	Middle	Maiden	Last
Street Address: _____			
City: _____		State: _____	
Birthdate: _____			
Birthplace: _____			
Occupation: _____			
Business Name: _____			
Business Address: _____			

**SISTER**

First	Middle	Maiden	Last
Street Address: _____			
City: _____		State: _____	
Birthdate: _____			
Birthplace: _____			
Occupation: _____			
Business Name: _____			
Business Address: _____			

**SISTER**

First	Middle	Maiden	Last
Street Address: _____			
City: _____		State: _____	
Birthdate: _____			
Birthplace: _____			
Occupation: _____			
Business Name: _____			
Business Address: _____			

Initials \_\_\_\_\_

## **SPOUSE FAMILY DATA**

### **FATHER-IN-LAW**

First	Middle	Last
Street Address: _____		
City: _____	State: _____	
Birthdate: _____		
Birthplace: _____		
Occupation: _____		
Business Name: _____		
Business Address: _____		

### **MOTHER-IN-LAW**

First	Middle	Maiden	Last
Street Address: _____			
City: _____	State: _____		
Birthdate: _____			
Birthplace: _____			
Occupation: _____			
Business Name: _____			
Business Address: _____			

### **FORMER SPOUSE**

First	Middle	Maiden	Last
Street Address: _____			
City: _____	State: _____		
Birthdate: _____			
Birthplace: _____			
Occupation: _____			
Business Name: _____			
Business Address: _____			
Date Married: _____ to _____			

### **FORMER SPOUSE**

First	Middle	Maiden	Last
Street Address: _____			
City: _____	State: _____		
Birthdate: _____			
Birthplace: _____			
Occupation: _____			
Business Name: _____			
Business Address: _____			
Date Married: _____ to _____			

Initials \_\_\_\_\_

## EDUCATIONAL DATA

12. Provide the information listed below with respect to each high school, trade school training course, college or university you have attended. Begin with the most recent and work backwards.

[illegible]

## **MILITARY SERVICE DATA**

13. Have you ever served in a military organization of the United States or been an active or inactive member of the Reserve Forces of the United States? Yes ☐ No ☐. If yes, provide the information listed below.

Branch of Service: \_\_\_\_\_ Service Serial #: \_\_\_\_\_ Highest Rank Held: \_\_\_\_\_

14. What is the type of your discharge or separation from military service? (Honorable, dishonorable, honorable conditions, medical, etc.)

\_\_\_\_\_  
\_\_\_\_\_

15. Where is your DD214 recorded? \_\_\_\_\_

16. Were you ever charged with any violation of the Uniform Code of Military Justice (UCMJ)? Yes ☐ No ☐. If yes, give details of the charges and their dispositions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **DONATIONS**

17. Political contributions: (List all in Iowa or any other jurisdictions for the last two (2) years).

Candidate	Position	Amount	Date
		\$	
		\$	
		\$	
		\$	

## **MOTOR VEHICLE DATA**

18. Complete the following tables as to all personal vehicles currently registered to you, your spouse and those persons living with you. Include motor vehicles (automobiles, trucks, motorcycles, recreational vehicles), planes, boats, etc.

<b>Year</b>	<b>Make &amp; Model</b>	<b>License Number</b>	<b>Registered Owner</b>

## **DRIVER'S LICENSE DATA**

19. List all operators/chauffeurs licenses issued by this state or any other jurisdiction which you have held during the past ten (10) year period.

<b>Date Issued</b>	<b>License Number</b>	<b>Type of License</b>	<b>Jurisdiction Issuing License</b>	<b>Expiration Date of License</b>

## SECTION 2

### REFERENCES

20. Give three (3) references (not relatives, former or present employers, school teachers or college professors) who are responsible adults of reputable standing in their communities, such as professional businesswomen or men, property owners or public officials who have known you well during the past five (5) years. If retired, give former occupation.

1. Complete Name: \_\_\_\_\_  
First Middle Last

Approximate age: \_\_\_\_\_ Occupation: \_\_\_\_\_ # Years Acquainted: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Business Address: \_\_\_\_\_  
Street City State Zip Code

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

2. Complete Name: \_\_\_\_\_  
First Middle Last

Approximate age: \_\_\_\_\_ Occupation: \_\_\_\_\_ # Years Acquainted: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Business Address: \_\_\_\_\_  
Street City State Zip Code

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

3. Complete Name: \_\_\_\_\_  
First Middle Last

Approximate age: \_\_\_\_\_ Occupation: \_\_\_\_\_ # Years Acquainted: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Business Address: \_\_\_\_\_  
Street City State Zip Code

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Initials \_\_\_\_\_

### SECTION 3

### ATTORNEYS

21. Identify current and past attorneys utilized in the last ten (10) years.

Name of Attorney	Firm Name	Address	Phone

### SECTION 4

### CPA/ACCOUNTANTS

22. Identify current and past CPAs, accountants or individuals who assisted you in preparation of financial matters in the last ten (10) years.

Name of CPA/ Accountant	Company Name	Address	Phone

## SECTION 5

### PAST EMPLOYMENT DATA

23. Excluding your present employer, provide the information listed below as to each place in which you have been employed. Begin with the most recent and work backwards. Give dates of idleness between employment in proper sequence. Include all part-time and full-time employment for the last ten (10) years.

<b>ORGANIZATION:</b>			<b>From</b> <u>      </u> Month <u>      </u> Year	
<b>ADDRESS (Street/Box Number):</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>To</b> <u>      </u> Month <u>      </u> Year
<b>YOUR TITLE:</b>		<b>NAME OF SUPERVISOR:</b>		
<b>DUTIES:</b>				
<b>REASON FOR LEAVING:</b>				

<b>ORGANIZATION:</b>			<b>From</b> <u>      </u> Month <u>      </u> Year	
<b>ADDRESS (Street/Box Number):</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>To</b> <u>      </u> Month <u>      </u> Year
<b>YOUR TITLE:</b>		<b>NAME OF SUPERVISOR:</b>		
<b>DUTIES:</b>				
<b>REASON FOR LEAVING:</b>				





## SECTION 6

### CIVIL PROCEEDINGS

25. Have you or your spouse ever been a party to a personal lawsuit? Yes ☐ No ☐. If yes, complete the following: (Utilize tables below).

<b>NAME OF COURT:</b>			<b>Date</b> <u>      </u> <u>      </u> <u>      </u> <div style="text-align: center; font-size: small;">Month   Day   Year</div>
<b>ADDRESS (Street/Box Number):</b>	<b>City</b>	<b>State</b>	<b>Zip</b>  <b>Docket Number</b>
<b>Other Parties to Suit:</b>		<b>Nature of Suit:</b>	
<b>Disposition:</b>			

<b>NAME OF COURT:</b>			<b>Date</b> <u>      </u> <u>      </u> <u>      </u> <div style="text-align: center; font-size: small;">Month   Day   Year</div>
<b>ADDRESS (Street/Box Number):</b>	<b>City</b>	<b>State</b>	<b>Zip</b>  <b>Docket Number</b>
<b>Other Parties to Suit:</b>		<b>Nature of Suit:</b>	
<b>Disposition:</b>			

<b>NAME OF COURT:</b>			<b>Date</b> <u>      </u> <u>      </u> <u>      </u> <div style="text-align: center; font-size: small;">Month   Day   Year</div>
<b>ADDRESS (Street/Box Number):</b>	<b>City</b>	<b>State</b>	<b>Zip</b>  <b>Docket Number</b>
<b>Other Parties to Suit:</b>		<b>Nature of Suit:</b>	
<b>Disposition:</b>			

Initials \_\_\_\_\_

26. Has any business entity in which you hold or have held an ownership interest or served as an officer or director ever been a party to a lawsuit? Yes ☐ No ☐. If yes, complete the following: (Utilize table below).

<b>NAME OF COURT:</b>			<b>Date</b> _____ Month Day Year
<b>ADDRESS (Street/Box Number):</b>	<b>City</b>	<b>State</b>	
			<b>Docket Number</b>
<b>Other Parties to Suit:</b>		<b>Nature of Suit:</b>	
<b>Disposition:</b>			

<b>NAME OF COURT:</b>			<b>Date</b> _____ Month Day Year
<b>ADDRESS (Street/Box Number):</b>	<b>City</b>	<b>State</b>	
			<b>Docket Number</b>
<b>Other Parties to Suit:</b>		<b>Nature of Suit:</b>	
<b>Disposition:</b>			

<b>NAME OF COURT:</b>			<b>Date</b> _____ Month Day Year
<b>ADDRESS (Street/Box Number):</b>	<b>City</b>	<b>State</b>	
			<b>Docket Number</b>
<b>Other Parties to Suit:</b>		<b>Nature of Suit:</b>	
<b>Disposition:</b>			

27. Do you or your spouse or any business entity in which you hold or have held an ownership interest or served as an officer or director anticipate being a party in a lawsuit? Yes ☐ No ☐. If yes, explain in detail.

---

---

---

28. Have you or your spouse or any business entity in which you hold or have held an ownership interest ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, state, county, provincial, federal or national court, agency, committee, grand jury, or investigatory or regulatory body, other than in response to a traffic summons? Yes ☐ No ☐. If yes, state the name and address of the court, or other agency involved, the nature of the proceedings, whether testimony was given and if so, the date(s) on which the testimony was given.

---

---

29. To the best of your knowledge, have you or your spouse or any business entity in which you hold or have held an ownership interest ever been the subject of an investigation conducted by a governmental investigatory agency for any reason? Yes ☐ No ☐. If yes, state the name and address of the investigatory agency, the nature of the investigation and the approximate time period during which the investigation was in progress.

Date	Governmental Agency	Nature of Charge	Disposition

30. Have you ever been involved in a business relationship with anyone that you regretted later? Yes ☐ No ☐. If yes, explain:

---

---

---

## SECTION 7

### CRIMINAL PROCEEDINGS

31. Have you, or has any member of your immediate family (as shown in Section 1 of this application), ever been arrested, indicted, charged with or convicted of a criminal offense in this state or in any other jurisdiction? Yes ☐ No ☐. If yes, complete the following table:

Date	Name of Family Member	Nature of Charge or Conviction	Name & Address of Governmental Agency/Court involved	Disposition

32. Have you, or has any member of your immediate family (as shown in Section 1 of this application), ever been named as an unindicted party or co-conspirator in any criminal proceeding in this state or in any other jurisdiction? Yes ☐ No ☐. If yes, complete the following table:

Date	Name	Name & Address of Governmental Agency/Court involved	Nature of Proceeding

Initials \_\_\_\_\_

33. Have you, or has any member of your immediate family (as shown in Section 1 of this application), ever received a pardon for any criminal offense in this state or in any other jurisdiction? Yes ☐ No ☐. If yes, complete the following table:

Date of Pardon	Name	Offense for Which Pardon Received	Name & Address of Pardoning Authority	Reason for Pardon

34. Have you sustained either a personal or business entity loss where an insurance payment over \$5,000 was received? Yes ☐ No ☐. If yes, explain:

---



---

35. Have you owned property or a business entity which was destroyed by fire or an explosion? Yes ☐ No ☐. If yes, explain:

---



---

## SECTION 8

### GAMBLING INTERESTS AND LICENSING DATA

See "GAMBLING" as defined on page 1, prior to completing this section of the application.

36. Have you ever been investigated by, made application to, or licensed by any gaming commission?  
 Yes ☐ No ☐. If yes, complete the following table:

Date of Application or Investigation	Name & Address of Gaming Agency	Type of License	Disposition of Application			License Number
			Approved	Rejected	Withdrew	

37. Have you ever received or made application to a licensing agency for any permit, license, certificate or qualification for the sale or distribution of alcoholic beverages in this state or any other jurisdiction?  
 Yes ☐ No ☐. If yes, complete the following table:

Date of Application	Name & Address of Licensing Agency	Type of License	Disposition of Application			License Number
			Approved	Rejected	Withdrew	

38. Are you related, linked, acquainted, or a participant with anyone who you know or have reason to believe is involved in some type of organized criminal activity? If yes, explain:

---

---

39. Do you have any ownership interest or financial investment in any business entity making application to or licensed by the Iowa Racing and Gaming Commission? Yes ☐ No ☐. If yes, state the name of the business entity, the nature and amount of your interest investment and the percentage of ownership in the business entity which your interest or investment represents.

---

---

40. Complete the table below as to each person or business entity that has advanced, or which you anticipate will advance you money or anything else of value to assist you or your business entity in financing the investment or interest identified in the above question.

Name & Address of Person or Entity	Relationship to Applicant	Nature of Advance	Amount of Advance

41. Do you anticipate active participation in the management or operation of the entity to be licensed? Yes ☐ No ☐. If yes, describe the extent of the involvement you anticipate.

---

---

42. Do you now hold or have you ever held a financial or ownership interest in any gambling venture? Yes ☐ No ☐. If yes, describe each such interest.

---

---



## SECTION 9

### FINANCIAL DATA

#### PERSONAL

43. **TAX DATA**

**STATE** (Complete only if you are required to file a state income tax return)

Have you filed your state income tax returns for the previous three (3) years?

Yes ☐ No ☐. If no, explain:

---

---

Are you delinquent in paying any financial obligations to the State of Iowa or any other state, county or municipal government? Yes ☐ No ☐. If yes, explain amount, to what department and reason:

---

---

---

#### **FEDERAL**

Have you filed your Federal income tax returns for the previous three (3) years? Yes ☐ No ☐.

If yes, attach copies of returns and supporting schedules covering those three (3) years to this application.

If no, have you filed for an extension? Yes ☐ No ☐.

If yes, attach a copy of the extension application form to this application.

If no, explain: \_\_\_\_\_

---

---

Are you delinquent in paying any financial obligation to the federal government? If yes, explain:

---

---

IRS OFFICE LOCATION: \_\_\_\_\_

44. Have your wages, earnings, or other income been garnished, attached or any similar action taken in the last ten (10) years? Yes ☐ No ☐. If yes, complete the following table:

Date Filed	Docket Number	Name & Address of Court	Nature & Amount of Obligation	Name & Address of Hold of Obligation

45. Have you ever been deemed legally bankrupt or filed a petition for any type of bankruptcy or insolvency, under any bankruptcy or insolvency law? Yes ☐ No ☐. If yes, complete the following table:

Date Filed	Docket Number	Name & Address of Court	Name & Address of Filing Party	Name & Address of Trustee

**PERSONAL FINANCIAL STATEMENT OF APPLICANT  
AS OF DATE OF THIS APPLICATION**

(Use this form)

ASSETS APPLICANT & SPOUSE		LIABILITIES APPLICANT & SPOUSE			
Cash in Financial Institutions (Sch. A.)		Notes and Accounts Payable (Sch. D)			
Accounts and Notes receivable					
U.S. Government Securities		Taxes Owed			
		Other Obligations (Sch. D)			
		ITEMIZED			
Bonds (See Sch. B) - CORP/MUNI.					
Stocks (See Sch. B) - LISTED					
CLOSELY HELD					
REAL ESTATE (See Sch. C)					
OTHER ASSETS		MORTGAGES PAYABLE (Sch. C)			
Vehicles					
Boats					
Aircraft					
Other itemize					
		Total Liabilities \$			
		Net Worth (Total Assets less \$			
		Total liabilities) \$			
Total Assets \$		Total Liabilities & Net Worth \$			
<b>SCHEDULE E</b>					
Source of Income	Applicant	Spouse	Estimate of Annual Expense	Applicant	Spouse
SALARY	\$	\$	Income Taxes	\$	\$
Bonus & Commissions	\$	\$	Other Taxes	\$	\$
Dividends	\$	\$	Insurance Premiums	\$	\$
Real Estate Income	\$	\$	Mortgage Payments	\$	\$
Other Income-Itemize	\$	\$	Rent on Business Property	\$	\$
			Other Expenses	\$	\$
TOTAL	\$	\$	TOTAL	\$	\$
<b>SCHEDULE F</b>					
Contingent Liabilities	Applicant	Spouse	GENERAL INFORMATION		
As endorser or co-maker			Did you prepare this statement?		
On leases or contracts	\$	\$	If not, give name and address of preparer:		
Legal claims	\$	\$			
Other contingent					
Liabilities - describe					

<b>SCHEDULE A</b>						
<b>DEPOSIT ACCOUNTS (Where)</b>	<b>Account Number</b>	<b>Type of Account</b>	<b>Account Balance</b>			
<b>SCHEDULE B</b>						
<b>SECURITIES - (BONDS - STOCKS - MORTGAGES)</b>						
<b>No. of Shares or Face Value of Bonds</b>	<b>Company and Type</b>	<b>Original Cost</b>	<b>Present Market Value</b>	<b>Public</b>	<b>Closely Held</b>	
<b>SCHEDULE C</b>						
<b>REAL ESTATE</b>						
<b><u>Mortgages</u></b>						
<b>Location &amp; Description (Street Address)</b>	<b>Cost</b>	<b>Current Value</b>	<b>Mortgage Amount</b>	<b>Mortgage Holder</b>	<b>Date Acquired</b>	<b>Title in Name of</b>
<b>Taxes paid to what date?</b> _____ <b>Are you a Lessee or Lessor of any property?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> . <b>Terms of Lease:</b> _____						
<b>SCHEDULE D</b>						
<b>NOTES OR ACCOUNT OWED BY ME</b>						
<b>To Whom Given</b>	<b>Amount</b>	<b>Date</b>	<b>When Due</b>	<b>Interest Rate</b>	<b>Monthly Payment</b>	<b>Description of Assets Pledged</b>

(If you have more obligations than can be listed here, list them on another sheet of paper and attach it to this sheet).

46. Beginning with the most recent and working backwards, list the names and addresses of all business entities in which you currently hold an ownership interest. List the name and address of each partner or shareholder who holds a 5% interest or more in that business entity. List percent of ownership in each business entity. (Include trade names. Do this for past ten (10) years).

(See definition of "BUSINESS ENTITY" on page 1).

Business Name/Address	Partners-Shareholders Address/Percentage

47. Identify any dormant companies which you have or have had a direct or indirect ownership interest in.

---



---



---

48. Identify any failed or abandoned business projects where you were a significant investor or planner:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**Use this page for additional information. Be sure to identify the number of the question you are responding to.**

## STATEMENT OF TRUTH

(TO BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC)

STATE OF :

COUNTY OF :

I, \_\_\_\_\_, being duly sworn according to law  
(NAME)

deposes and says:

(Place your initials in appropriate response.)

1. I am the applicant who is submitting this application. Yes ☐ No ☐
2. I personally supplied the information contained in this form. Yes ☐ No ☐
3. I swear (or affirm) that the information contained in this form is true to the best of my knowledge and belief. Yes ☐ No ☐

\_\_\_\_\_  
(LEGAL SIGNATURE OF APPLICANT)

\_\_\_\_\_  
DATE

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

\_\_\_\_\_.

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

\_\_\_\_\_  
State

Initials \_\_\_\_\_

**THIS PAGE IS LEFT  
INTENTIONALLY  
BLANK**



**STATE OF IOWA**

**AUTHORIZATION FOR EXAMINATION AND RELEASE OF INFORMATION**

**(TO BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC)**

I, \_\_\_\_\_, do hereby authorize a review, full disclosure and release of any and all records concerning myself to any duly authorized officer, agent or employee of the Iowa Division of Criminal Investigation and/or the Iowa Lottery Authority whether the records are of a public, private or confidential nature, including criminal history, with the following understandings:

1. The information reviewed, disclosed, or released may be used by the State of Iowa to conduct a thorough background investigation regarding me or my business entity and for any other lawful purpose.
2. I release the providers and users of the information collected pursuant to this authorization from any liability under state or federal privacy laws and further release the State of Iowa, its officers, agents and employees from any liability which may be incurred as a result of the collections and use of the information.
3. If this authorization is not sufficient to obtain access to certain records, it is understood that I may be requested to execute some other appropriate authorizations or release, and that any failure to do so may be taken into consideration by the Iowa Lottery Authority and/or the Division of Criminal Investigation in their review of this application.
4. I understand that I may revoke this Authorization in writing at any time and the Iowa Lottery Authority and/or the Division of Criminal Investigation may take any such revocation of this Authorization into consideration in completing this background investigation.
5. This authorization will automatically expire one year from the date signed.
6. A photocopy of this Authorization will have the same force and effect as the original.

DATE: \_\_\_\_\_.

SIGNATURE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_  
(Typed or Printed)

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

**THIS PAGE IS LEFT  
INTENTIONALLY  
BLANK**



## STATE OF IOWA

### CREDIT HISTORY DISCLOSURE AUTHORIZATION AND CONSENT FORM

#### PLEASE READ CAREFULLY

##### DISCLOSURE

This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Reporting Act set forth in Section 604 (b) to the applicant that a credit history check may be obtained for the purpose of this employment/licensing application. By the signature below, the applicant acknowledges that the Iowa Department of Public Safety, Division of Criminal Investigation and **AccuSource, Inc.** have made this disclosure.

##### APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that **Iowa Division of Criminal Investigation** may now, or any time while I am employed/licensed, conduct a verification of my credit history to fulfill the job and/or licensing requirements. The results of this verification process will be used to determine employment/ licensing eligibility for the position/license applied for. In the event that information from the report is utilized in whole or in part in making an adverse action decision with regard to your potential employment/ licensing, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law. I authorize **AccuSource, Inc.** at 1240 E. Ontario Avenue, Suite 102-140, Corona, California 92881, 951-734-8882, customerservice@accusource-online.com, www.accusource-online.com, and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative **Iowa Division of Criminal Investigation**. Contact **AccuSource, Inc.**, if you want to receive a copy of our **Information Security Policy**.

##### I have read and understand this disclosure, and I authorize the credit history verification.

I authorize persons and other organizations and Agencies to provide **AccuSource, Inc.** with all information that may be requested. I agree that any copy of this document is as valid as the original. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment/licensing was denied based on information obtained through the credit history verification process.

#### CONFIDENTIAL INFORMATION FOR POSITIVE IDENTIFICATION PURPOSES ONLY

Applicant Last Name	First Name	Middle Name
List Other Names Used	Date of Birth (For Identification only)	Social Security Number
Current Address	City/State/Zip	Dates
Previous Address	City/State/Zip	Dates
Previous Address	City/State/Zip	Dates

← **RELEASE MUST BE SIGNED**

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Today's Date*

☐ *I understand my credit report will be pulled from TransUnion and wish to receive a copy of the Credit Report from TransUnion directly. (California, Oklahoma, Minnesota residents only).*

Initials \_\_\_\_\_

**THIS PAGE IS LEFT  
INTENTIONALLY  
BLANK**

# Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).

OMB No. 1545-1872

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return

**3** Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

**4** Previous address shown on the last return filed if different from line 3 (see instructions)

**5** If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

**Iowa Division of Criminal Investigation 215 East 7<sup>th</sup> Street, Des Moines, Iowa 50319 Fax: 515-725-6035 Participant: 0000302214 heldenbr**

**Caution.** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ 1040

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☐

**b Account transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days. ☒

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . . ☐

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . ☐

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . . . . ☐

**Caution.** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

	/ N/A /	12 / 31 / 2013	12 / 31 / 2014	12 / 31 / 2015
--	---------	----------------	----------------	----------------

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

<b>Sign Here</b>	<input type="checkbox"/> Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 45-06-T. See instructions.	Phone number of taxpayer on line 1a or 2a
	Signature (see instructions)	Date
	Title (if line 1a above is a corporation, partnership, estate, or trust)	
	Spouse's signature	Date

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

## General Instructions

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Tip:** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

## Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

### If you filed an individual return and lived in:

### Mail or fax to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service  
RAIVS Team  
Stop 6716 AUSC  
Austin, TX 73301

512-460-2272

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Internal Revenue Service  
RAIVS Team  
Stop 37106  
Fresno, CA 93888

559-456-7227

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

Internal Revenue Service  
RAIVS Team  
Stop 6705P-6  
Kansas City, Mo 64999

816-292-6102

## Chart for all other transcripts

### If you lived in or your business was in:

### Mail or fax to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service  
RAIVS Team  
P.O. Box 9941  
Mail Stop 6734  
Ogden, UT 84409

801-620-6922

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Internal Revenue Service  
RAIVS Team  
P.O. Box 145500  
Stop 2800 F  
Cincinnati, OH 45250

859-669-3592

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party – Business.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

### Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is:

**Learning about the law or the form,** 10 min.;

**Preparing the form,** 12 min.; and **Copying, assembling, and sending the form to the IRS,** 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.