

**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 05/2020

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 Ave, Clive, IA 50325.

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.

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 application 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 in block lettering using blue ink. 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 Ave, Clive, Iowa 50325.

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 Credit History and I.R.S. forms that are attached to this application.

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.

Initials/Date _____

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.

Initials _____

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.

Dates				Name and Address of School Attended	Last Grade or Term Attended	Degree or Certificate Received
From		To				
Mo.	Yr.	Mo.	Yr.			

Initials _____

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
		\$	
		\$	
		\$	
		\$	

Initials _____

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.

Year	Make & Model	License Number	Registered Owner

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.

Date Issued	License Number	Type of License	Jurisdiction Issuing License	Expiration Date of License

Initials _____

<h2 style="margin: 0;">SECTION 2</h2> <h3 style="margin: 0;">REFERENCES</h3>
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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.

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

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

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

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

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

24. Were you ever the subject of any disciplinary action in connection with employment during the last ten (10) year period? Yes No . If yes, explain in detail each such action and its disposition.

Initials _____

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).

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

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

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

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).

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

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

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

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

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 \$			
SCHEDULE E					
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	\$	\$
SCHEDULE F					
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					

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

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

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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

Initials _____

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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 **Global Screening Solutions**, 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 **Global Screening Solutions** at 4833 Front Street B448, Castle Rock, CO 80108, 866-454-2325, customerservice@global-screeningsolutions.com, www.Global-ScreeningSolutions.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 Global Screening Solutions, 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 **Global Screening Solutions** 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
<i>Applicant's Signature</i>	<i>Today's Date</i>	

- 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).*

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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-C, visit www.irs.gov and search IVES.

1a. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (see instructions)			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name Iowa Division of Criminal Investigation		ii. IVES participant ID number 0000302214		iii. SOR mailbox ID heldenbr	
iv. Street address (including apt., room, or suite no.) 215 E 7th Street		v. City Des Moines		vi. State IA	vii. ZIP code 50319
5b. Customer file number (if applicable) (see instructions)			5c. Unique identifier (if applicable) (see instructions)		
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))					
i. Client name Iowa Division of Criminal Investigation				ii. Telephone number 515-725-6034	
iii. Street address (including apt., room, or suite no.) 215 E 7th Street		iv. City Des Moines		v. State IA	vi. ZIP code 50319

Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)

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 for line 6 transcripts

1040

a. Return Transcript **b.** Account Transcript **c.** Record of Account

7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.)

a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.

b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers

Line 1a Line 2a

8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)

12 / 31 / 2019 12 / 31 / 2020 12 / 31 / 2021 / /

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, if applicable, line 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; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. 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-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

Sign Here	Signature for Line 1a (see instructions)		Date	Phone number of taxpayer on line 1a or 2a
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name			
	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Spouse's signature (required if listed on Line 2a)			Date
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
Print/Type name				

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

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

Future Developments

For the latest information about Form 4506-C and its instructions, go to www.irs.gov and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

What's New. Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

General Instructions

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

Designated Recipient Notification. Section 6103(c) limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Section 6103(c) limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1a/2a (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

Line 1b/2b (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

Line 1c/2c (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

Line 3. Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

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, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Line 5c. Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

Line 5d. Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

Line 6. Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

Line 6a. Return Transcript 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-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

Line 6b. Account Transcript 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.

Line 6c. Record of Account 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.

Line 7. The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

Line 8. Enter the end date of the tax year or period requested in mm dd yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12 31 2018 for a calendar year 2018 Form 1040 transcript.



CAUTION 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 if unchecked.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.

Authorized Representative: A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. 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. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

Electronic Signature: Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

Corporations. Generally, Form 4506-C 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-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

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.

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.

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-C 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.
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-C 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.