



DIVISION OF FINANCIAL INSTITUTIONS AUTHORIZATION & CONSENT FORM

STATE OF HAWAII
DIVISION OF FINANCIAL INSTITUTIONS
DEPARTMENT OF COMMERCE &
CONSUMER AFFAIRS
335 MERCHANT STREET, ROOM 221
PO BOX 2054
HONOLULU, HI 96805
PHONE: (808) 586-2820
FAX: (808) 586-2818
E-MAIL: dfi@dcca.hawaii.gov
WEBSITE:
<http://www.hawaii.gov/dcca/areas/dfi/>

I, _____, authorize the State of Hawaii Division of Financial Institutions to use my fingerprints for the sole purpose of conducting a criminal history record check that is required by the Division of Financial Institution's application approval process and obtain the results of that completed criminal history record check for the purpose of an application for:

- Check one: Financial institution charter or license
 Money transmitter license

FULL LEGAL NAME: _____
(Type or Print Legibly)

Signature: _____

Date: _____

***THIS SECTION TO BE COMPLETED BY FINGERPRINTING COMPANY/AGENCY
USED IF OTHER THAN THE HAWAII CRIMINAL JUSTICE DATA CENTER***

Name of Agency: _____

Name of Official "Rolling" the Fingerprints: _____
(Type or Print Legibly)

Type of Picture Identification Inspected: _____
(must be government-issued identification)

FOR HCJDC USE ONLY

RESULTS OF SEARCH:

[] No Match [] No Record Found [] Criminal History Attached

HCJDC: Mail Completed Results to: DIVISION OF FINANCIAL INSTITUTIONS
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII
PO BOX 2054
HONOLULU, HI 96805

FOR QUESTIONS: Call the Division of Financial Institutions at (808) 586-2820.