

**COLORADO DEPARTMENT OF LAW**  
**SUPERVISED LENDER LICENSE**  
**PERSONAL AFFIDAVIT**

A Personal Affidavit is required for each individual owner, officer, trustee, partner, or sole proprietor of a supervised lender. Omissions may be construed as intentional failure to disclose a material fact and may be grounds for rejection of an application pursuant to section 5-2-303(1)(g), C.R.S. Use the fillable fields (below) to provide the required information.

Legal Name of Supervised Lender:

Name and Title of person completing this Personal Affidavit:

Person's Home Address (Street Address, City, State, and Zip Code):

Date of Birth:

Last Four Digits of SSN:

**Questions for Individual**

Have you ever been convicted of or entered a plea of guilty or nolo contendere to theft, concealing stolen goods, forgery, fraud, offenses related to the Uniform Commercial Code, or financial transactions devices, or similar crime in any federal, state, or local jurisdiction?

If yes, please provide an explanation below. If no, please write N/A.

Are there any pending criminal charges for theft, concealing stolen goods, forgery, fraud, offenses related to the Uniform Commercial Code, or financial transactions devices, or similar crime in any federal, state, or local jurisdiction?

If yes, please provide an explanation below. If no, please write N/A.

Have you, or any organization during a time when you were associated with it as owner, partner, member if a LLC or association, officer, director, or principal employee ever had a business license or registration suspended, canceled, revoked, or subjected to any disciplinary action (whether or not a final order or judgment was entered) including a stipulation, final consent order, judgment, or administrative order by any governmental entity, including Colorado; had an application for such license or registration denied; or withdrawn such an application to avoid a denial or any related request?

If yes, please provide an explanation below. If no, please write N/A.

Have you, or any organization during a time when you were associated with it as owner, partner, member if a LLC or association, officer, director, or principal employee been involved in any voluntary or involuntary bankruptcy, receivership, or insolvency proceedings, or had any unsatisfied judgment or liens against you or such an organization?

If yes, please provide an explanation below. If no, please write N/A.

Have you ever been held liable in any civil fraud action in any judicial or administrative proceeding by a federal, state, or local governmental entity?

If yes, please provide an explanation below. If no, please write N/A.

## **Employment History**

Provide a complete record of employment and business associations, including all companies in which you have or had an interest as an officer, director, or voting stockholder. Account for all periods of time, indicating any dates of unemployment. A current resume containing the same information may substitute the below list. Attach additional pages if needed.

Dates of Employment (MM/YY to MM/YY):

Employer:

Position/Title:

Duties:

Dates of Employment (MM/YY to MM/YY):

Employer:

Position/Title:

Duties:

Dates of Employment (MM/YY to MM/YY):

Employer:

Position/Title:

Duties:

Dates of Employment (MM/YY to MM/YY):

Employer:

Position/Title:

Duties:

Dates of Employment (MM/YY to MM/YY):

Employer:

Position/Title:

Duties:

**Statements made herein are under oath. False statements may be punishable as second-degree perjury.**

Signature of Person Completing Affidavit

Date