

**Employee Introduction Letter & Questionnaire**

(Print or type)

Date: \_\_\_\_\_

New York State Department of Financial Services (DFS)  
Licensed Financial Services  
One State Street  
New York, NY 10004-1511

Dear Sir/Madam:

This will introduce: \_\_\_\_\_  
(Employee's Last Name, First Name, M.I.)

who is being employed by: \_\_\_\_\_  
(Name of Licensee/Applicant)

in the following capacity: \_\_\_\_\_  
(Employee's Position with the Licensee/Applicant)

\_\_\_\_\_  
(Signature of Authorized Representative of the Licensee/Applicant)

(Please provide the following descriptive information about the employee on the questionnaire below and submit it to the Department along with the items described in the "Fingerprint Procedures" posted on our website.)

Employee's Name: \_\_\_\_\_  
(Last Name, First Name, M.I.)

Home Address: \_\_\_\_\_  
(Number, Street, Apt. #)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_