STATE OF ALASKA Page 1 of 2

FORM A

To be completed by each member, partner, director, senior officer (President, Vice President, Secretary) or owner of 10 percent or more of the equity of the applicant.

Legal Name:	
Percentage of Ownership:	
Residence Address:	
Business Address:	
Business Telephone Number:	
Date of Birth:	Social Security Number:
Please list all previous residence addres	sses (City and State) for the past ten years:

	Yes	No
Have you (or any company in which you hold or held 10 percent or greater		
ownership interest or in which you are or were a senior officer or a director)		
ever been convicted of a crime that relates to criminal activity, fraud, or other		
act of personal dishonesty?		
Have you (or any company in which you hold or held 10 percent or greater		
ownership interest or in which you are or were a senior officer or a director)		
ever committed an act, an omission or a practice that constitutes a breach of		
fiduciary duty?		
Have you (or any company in which you hold or held 10 percent or greater		
ownership interest or in which you are or were a senior officer or a director)		
ever received a suspension, a revocation, a removal, or an administrative act		
by an agency or a department of the United States or a state from		
participation in the conduct of a business?		
Have you (or any company in which you hold or held 10 percent or greater		
ownership interest or in which you are or were a *senior officer or a director)		
been the subject of any past or current formal or informal investigations,		
examinations, or administrative proceedings conducted by any department,		
agency, or commission of the United States or any state or municipality, or		
any foreign government or governmental entity, and/or have any agreements,		
undertakings, or consents been entered into with any of the foregoing?		

STATE OF ALASKA Page 2 of 2

FORM A (continued)

*A senior officer is defined as a person who has significant management responsibility within an organization or otherwise has the authority to influence or control the conduct of the organization's affairs, including but not limited to its compliance with applicable laws and regulations.

If you have answered yes to any of the above questions, please explain on an additional sheet of paper.

I state under oath to the correctness of this form (including any attachments) as of this date and declare I have personal knowledge of the facts stated in this form and swear under penalty of perjury that the facts are true.

I hereby authorize the State of Alaska, Department of Commerce, Community and Economic Development, and/or any of its authorized agents to gather background information. This information includes criminal history, credit records, education, employment history, professional references and any other pertinent information related to my application.

I understand that all information is gathered in accordance with the provisions of the Fair Credit Reporting Act (FCRA). I understand that the inquiries and verifications conducted by State of Alaska, Division of Banking and Securities, are for purposes of determining my qualifications under Title 6 of the Alaska Statutes and are not an invasion of my privacy.

In compliance with the FCRA, I understand a copy of this report will be provided to me upon my written request.

Name:	Date:
Signature	
Subscribed and sworn to before me this	day of, 20
Notary Public	
SEAL	My Commission Expires: