

CREDIT REPORT

If you answered "yes" to any "Financial Responsibility Questionnaire" questions on page 4 of this application or if requested you must, pursuant to Utah Administrative Code R156-55a-306(1), provide current credit reports for the applicant, the proposed qualifier(s), and all owners, officers and managers.

Your consumer credit report will be obtained from all three credit bureaus, Experian, Trans Union & Equifax merged into one complete credit report. For business entities a credit report will be obtained from Experian Business Credit Services.

Instructions: Complete and submit a copy of this credit report authorization form directly to the Division of Occupational and Professional Licensing for each individual and entity required, with the credit card authorization for payment. The charge on your credit card will show NACM as the creditor. For security and confidentiality purposes, the report(s) will print directly to our state office.

These credit reports are obtained by the Division of Occupational and Professional Licensing through NACM BCS. 7410 S. Creek Rd. #301, Sandy UT. 84093. [801-487-8786](tel:801-487-8786), [800-977-6226](tel:800-977-6226). Fax [801-484-1891](tel:801-484-1891). www.nacmint.com"

Personal Credit Report Request

Full Legal Name: _____
First Middle Last

SSN: _____ Date of Birth: _____ Phone Number: _____

If Joint, Spouse Name: _____
First Middle Last

SSN: _____ Date of Birth: _____ Fax Number: _____

Mailing Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

_____ *City State ZIP Code*

Type of Report Request:	Cost	Paid	NACM Stamp & Date
<input type="checkbox"/> Individual Experian TransUnion Equifax Merged Credit Report	\$23.00	<input type="checkbox"/>	
• Colorado Applicants Must add \$9.00 sur-charge for Individual	\$32.00	<input type="checkbox"/>	
<input type="checkbox"/> Joint Merged Credit Report-Husband & Wife <i>(Please include spouse name, social security number and date of birth above.)</i>	\$34.00	<input type="checkbox"/>	
• Colorado Applicants must add \$18.00 sur-charge for joint	\$52.00	<input type="checkbox"/>	

Business Credit Report Request

Business Legal Name _____
**Note: If you are a Sole Proprietor, this is your legal name.*

Mailing Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

_____ *City State ZIP Code*

Tax Id Number: _____ Phone Number: _____ Fax Number: _____

Type of Report Request:	Cost	Paid	NACM Stamp & Date
<input type="checkbox"/> Experian Business Credit Report	\$50.00	<input type="checkbox"/>	

Payment Information

Visa MasterCard American Express Card Number: _____

Name on card: _____ Card Expiration Date: _____ CID: _____

Billing Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

_____ *City State ZIP Code*

I hereby authorize the release of all information, including credit information contained in my (our) account file with NACM Intermountain. I further authorize that a photocopy of this form may be accepted as the original.

Signature of Applicant: _____ Date: _____