

**** THIS FORM MAY NOT BE USED TO PAY FOR APPLICATION FEES **
THIS FORM IS ONLY FOR PAYMENT OF CREDIT REPORT**

CREDIT REPORT AUTHORIZATION

Pursuant to Utah Administrative Code R156-55a-306(1), If you answered "yes" to any "Financial Responsibility Questionnaire" questions of this application, or if a credit report is requested you must, 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

| <small>City</small> | <small>State</small> | <small>ZIP Code</small> | Type of Report Request: | Cost | Paid | NACM Stamp & Date |
|---------------------|----------------------|-------------------------|--|-------------|--------------------------|------------------------------|
| | | | <input type="checkbox"/> Individual Experian TransUnion Equifax Merged Credit Report | \$26.50 | <input type="checkbox"/> | |
| | | | • Colorado Applicants Must add \$9.00 sur-charge for Individual | \$35.50 | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> Joint Merged Credit Report-Husband & Wife (<i>Both sign below</i>) (Please include spouse name, social security number and date of birth above.) | \$41.00 | <input type="checkbox"/> | |
| | | | • Colorado Applicants must add \$18.00 sur-charge for joint | \$59.00 | <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 as it appears on the 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: _____

Signature of Applicant: _____ Date: _____