



# State of New Hampshire

## Banking Department

53 Regional Drive, Suite 200  
Concord, NH 03301

Telephone: (603) 271-3561

Fax: (603) 271-0750

Licensing: (603) 271-8675

[www.nh.gov/banking](http://www.nh.gov/banking)

### CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FORM INSTRUCTIONS:

1. As part of the Banking Department's license and registration application review process, criminal background checks are required for each of the *applicant's* individual **direct** owners/investors/beneficiaries of 10% or more, for each of the *applicant's* individual **indirect** owners/investors/beneficiaries of 25% or more, and for each principal, officer, manager, LLC member, partner in a partnership, director, trustee, and NH branch manager of the *applicant*.
2. Criminal record checks are conducted by the State of New Hampshire Department of Safety, State Police Division and will include an FBI record check. The fee for processing the Criminal Record check is as follows:
  - State Police fee: \$25.00
  - FBI fee: \$23.25 for an ink card or for live scan (please note that at this time live scan can only be processed in the State of New Hampshire).

The \$48.25 may be aggregated into one check if record checks are to be performed for more than one individual. (e.g., 2 cards \$96.50) They will not accept 2 checks such as one for \$25.00 and an additional check for \$23.25). **All checks and money orders for the record checks should be made payable to the "State of NH – Criminal Records."**

3. To obtain a fingerprint card, which must be on a New Hampshire State Police fingerprint form, you may submit a request form from our website, <http://www.nh.gov/banking/consumer-credit/>, or call (603) 271-8675, or e-mail [licensing@banking.nh.gov](mailto:licensing@banking.nh.gov) and indicate the number of cards needed and the address where they should be sent (only one address; the *applicant* or registrant is responsible for distribution to applicable persons within their organization) and we will send fingerprint cards out to you right away.
4. A. The New Hampshire cards must be taken to a local police department where a professional will take the fingerprints.  
  
B. If fingerprinting at a LiveScan location in New Hampshire, you will need to take the attached Applicant Livescan Site Form with you. You may make copies of this form. Note: the form will be given back to you when you have your fingerprints processed at the LiveScan site.
5. Every person **must** complete the following sections of the card:
  - a. Print the name of person whose record will be checked, "LAST NAME", "FIRST NAME", "MIDDLE NAME"; it must be legible;
  - b. Written "SIGNATURE OF THE PERSON FINGERPRINTED";
  - c. "RESIDENCE" address "OF THE PERSON FINGERPRINTED";
  - d. "DATE OF BIRTH DOB", "Month", "Day", "Year";
  - e. Country of "CITIZENSHIP" "CTZ" (most will be USA);
  - f. All vital information (ie. "SEX", "RACE" "HGT.", "WGT.", "EYES" (color), "HAIR" (color), "PLACE OF BIRTH POB");
  - g. "DATE" the form was signed and the "SIGNATURE OF THE OFFICIAL TAKING FINGERPRINTS";
  - h. "EMPLOYER NAME AND ADDRESS";
  - i. "SOCIAL SECURITY NO. SOC".

6. Unless the card has preprinted information in the following boxes, the Banking Department will complete the following sections of the fingerprint card for you:

- a. "ORI";
- b. "YOUR NO. OCA";
- c. "FBI NO. FBI";
- d. "ARMED FORCES NO. MNU";
- e. "REASON FINGERPRINTED";
- f. "MISCELLANEOUS NO. MNU."

7. A copy of the Department of Safety Division of State Police *Criminal History Record Information Authorization Form* is attached. You may make copies of this form, as each person described in the first paragraph of these instructions will need to complete one. **Complete all items in Section I, and make sure to sign the release information in Section II of the form and have the form notarized.**
8. Submit a Criminal History Record Information Authorization Form, Processed Applicant Livescan Site Form, a fingerprint card and a fee in the amount of \$48.25, for each principal of the company listed in the application, to the Banking Department. We will forward the document(s) and check(s) to the Department of Safety. Fees covering multiple individuals may be combined into one check.

Applicant Notification and Record Challenge

Please note that your fingerprints will be used to check the criminal history records of the FBI. You can request a copy of your criminal history records directly from the FBI by going to [www.fbi.gov](http://www.fbi.gov) or calling (304) 625-5590. You have the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. To change, correct, or update any information contained in the FBI identification record, you should direct your challenge to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road Clarksburg, WV 26306. Please see Title 28, C.F.R. § 16.34 for additional information.

If you have any questions about the procedure or requirements, please call the New Hampshire Banking Department Licensing division at 603-271-8675 or the individual you have been working with at the New Hampshire Banking Department.



# State of New Hampshire

Department of Safety  
DIVISION OF STATE POLICE

## Criminal Records Unit

33 Hazen Drive, Concord, NH 03305

### NEW HAMPSHIRE BANKING DEPARTMENT CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FORM

- NH RSA 361-A:2 Sales Finance & Retail Seller       NH RSA 399-D:2 – D5 Debt Adjuster       NH RSA 397-A:1 – A5 Mortgage Banker/Broker/Serviceur
- NH RSA 399-A:1 – A:3 Small Loan Lender       NH RSA 399-G:5 Money Transmitters

#### INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

Name of Company: \_\_\_\_\_

#### SECTION I (PLEASE PRINT CLEARLY)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Maiden \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_  Male  Female

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

My signature below signifies I am the individual listed above and the information provided is true.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signed under penalty of unsworn falsification pursuant to RSA 641:13

#### SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

**NH Banking Department/Banking Division**

Address 53 Regional Drive City Concord State NH Zip 03301

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary's Signature \_\_\_\_\_  
(Affix Seal)

Signature of person/entity to receive record **GERALD H. LITTLE, COMMISSIONER** Date \_\_\_\_\_

#### RECORD CHALLENGE

**Saf-C 5703.12 Procedure for Correcting a CHRI** (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

**WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.**

#### FEES

LIVESCAN – or INKED \$48.25

NOTE: Make checks payable to: State of NH – Criminal Records

Applicant fingerprint card must be submitted at the same time as payment and this form.