



**ADVERSE FINANCIAL HISTORY REPORTING FORM  
 (Applicants Only)**

This form is to be used by **applicants** in conjunction with your DPOR license, certification, or registration application. The information requested is in regards to your affirmative response(s) to the question regarding adverse financial history and should be included with your application package. If you did not report any adverse financial history on your application, this form is **not** required.

This form is to be submitted directly to DPOR Board Section at the address provided above.

**APPLICANT/LICENSEE**

Individual/Business Name:  New Applicant or  Existing Licensee applying for a change

Individual Legal Name (First and Last name must be the same as name issued on your government ID.)

\_\_\_\_\_

First (required)                      Middle                      Alternate/Nickname                      Last (required)                      Generation

Business/Sole Proprietor Name \_\_\_\_\_

Profession: \_\_\_\_\_

Virginia License Number (if applicable)

**ADVERSE FINANCIAL HISTORY**

**Applicants** - if you answered "yes" on your license, certification or registration application for any outstanding/past-due debts (including child support arrearage); judgments; liens; past due unpaid bills, claims, or suits; outstanding tax obligations; defaults on bonds; or pending/past bankruptcies, *complete the following table.*<sup>❖</sup>

Type of debt	Date debt incurred/ assessed	Location of debt (county/state)	Status	Comments/Notes

❖ Provide a certified copy of the final order, decree or case decisions by a court or regulatory agency with lawful authority to issue such order, decree or case decisions.

**SIGNATURE**

*I, the undersigned, certify that the foregoing statements and answers are true, and that I have not suppressed any information that might affect the Board's decision to approve my pending application.*

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