Executive Officer's License Application for Transfer

Nebraska Department of Banking & Finance https://ndbf.nebraska.gov

1526 K Street, Suite 300 Lincoln, NE 68508-2732 402-471-2171

This application to transfer an Executive Officer License is made pursuant to Section 8-139 of the Nebraska Banking Act.

PART I: This section to be	completed by the Applicant	Bank.
Main Office Name		
Street Address	City	
County	State	Zip Code
Applicant Bank Name and Address to mail license t	o if different than above:	
Name		
Street Address	City	
County	State	Zip Code
Applicant Bank Official to Contact Regarding this In	dividual Application:	
Name Title		Telephone
Do you wish email notification of approval? Yes \square No \square	Email Address	
This application is for Class I □ or Class II □ E	xecutive Officer's License	
Please attach the following to the completed ap	plication.	For Department Use Only
A resume for the Individual Applicant reference current as of the date of the application.	ncing recent work activities,	
A completed United States Citizenship Attes the transferring EOL is dated prior to Januar the form.	•	
 A check in the amount of \$50.00 made paya Department of Banking and Finance. 	able to the Nebraska	
Al	JTHORITY	
I, (Presi	dent, CEO, Executive VP, or Boa	rd Member) of the Applicant
Bank for which this Individual Application pertains, reque conveying the authority to act as an active executive office	ests the issuance of a license to the	ne Applicant named herein,
Signed this day of	,	
Signature of President, CEO, Executive VP, or Board Me	ember	

(Original signature required for application submission)

PART II: This section to be completed by the Individual for whom the Application is made.

Attach additional sheets as necessary to fully answer any question.

Bio	gra	phica	l Re	port:
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Indi	ividua	l Name					
Stre	eet (H	ome Address)			City		
Cou	unty			State		Zip Code	
Las	t 4 diç	gits of Social Security Number			Month and Date of	Birth (No year requested	d)
Pre	ferred	Telephone Contact Number					
App	olicant	t Email Address					
Exi	sting E	Executive Officer License Number	Exis	ting Class (I or II)			
Dat	e Exe	ecutive Office License was originally issued _		_			
Baı	nk Lo	cation Where Applicant Will Work:					
Stra	act Ac	ddress			City		
		uless			City		
Соι	unty			State		Zip Code	
En	nplo	yment Record:					
1.	ma If " "se	his Executive Officer's License and liking of loans or investments? Yes", give details of your experiest attached" will be sufficient. No", provide the Bank's training pr	nce. If the attach	ned resume de	etails lending experi	Yes [] No
2.	Tha	ve you ever been dismissed or a an Honorable discharge from mili yes," complete the following: Employer's Name, Address, Telephone		om any past e Date of Discharge	mployment, includii Explana *Attach additional page explanat	Yes ation	ther] No
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3.	List the duties and responsibilities you will have at the Applicant Bank.	
Ge	eneral Information:	
1.	Have you or any business interest of yours undergone bankruptcy? If "yes," give full details including place and date.	☐ Yes ☐ No
2.	Have you ever been the subject of a garnishment? If "yes," give full details including place and date.	☐ Yes ☐ No
3.	Have you ever been turned down or canceled on a personal, fidelity, or surety bond? If "yes," give name of bonding company and date of rejection or cancellation.	☐ Yes ☐ No
4.	To your knowledge, are you, or have you ever been, the subject of an investigation regardin professional license? If "yes," give full details.	g any □ Yes □ No
5.	Have you been arrested and/or convicted since the original issuance of your Executive Of If "yes," give full details.	ficers License?
	ATTESTATION	
sul	certify that the information contained in this application is true, correct, and complete, and is current as obmission. I acknowledge that any misrepresentation or omission of a material fact constitutes fraud in a may subject me to legal or administrative sanctions.	
Siç	gned this,,	
	gnature of Individual Applicant riginal signature required for application submission)	