



NEIL ABERCROMBIE  
GOVERNOR

SHAN S. TSUTSUI  
LT. GOVERNOR

IRIS IKEDA CATALANI  
COMMISSIONER

LYNNE HIMEDA  
DEPUTY COMMISSIONER

KEALI'I S. LOPEZ  
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI  
DEPUTY DIRECTOR

STATE OF HAWAII  
**DIVISION OF FINANCIAL INSTITUTIONS**  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
335 MERCHANT STREET, ROOM 221, HONOLULU, HAWAII 96813  
P.O. BOX 2054, HONOLULU, HAWAII 96805

Phone: (808) 586-2820  
Fax: (808) 586-2818  
E-Mail: [dfi@dcca.hawaii.gov](mailto:dfi@dcca.hawaii.gov)

## REQUEST FOR INFORMATION FORM

### Instructions to Applicant

Complete the Authorization below and Part I of the attached Request for Information Form ("Request Form") by typing or legibly printing the required information and signing the Authorization.

Mail the Authorization and the Request Form to the appropriate agencies in each state in which you are licensed or regulated as a financial services provider (i.e., financial institution, consumer finance lender, mortgage broker or banker, etc.), escrow depository, and/or money transmitter. If you hold multiple licenses, mail the Authorization and the Request Form to each state agency that licenses or regulates your activities.

Include, with each Authorization and Request Form sent to the appropriate state agencies, A POSTAGE PAID ENVELOPE ADDRESSED TO:

State of Hawaii  
Division of Financial Institutions  
P.O. Box 2054  
Honolulu, Hawaii 96805

Submit to the State of Hawaii, Division of Financial Institutions, photocopies of the Authorization and the Request Form mailed to the appropriate state agencies as supplements to your application.

### Authorization

I hereby authorize the State of \_\_\_\_\_ to release to the State of \_\_\_\_\_  
(Name of State Being Contacted)

Hawaii, Division of Financial Institutions, any and all information requested on the attached Request Form.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Name and Title of Authorized Officer

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Date

## Request for Information

### Part I. Section to be completed by the Applicant.

\_\_\_\_\_  
Legal Name and Address of Applicant

\_\_\_\_\_  
Licensing State

\_\_\_\_\_  
Date Licensed

\_\_\_\_\_  
License Expiration Date

\_\_\_\_\_  
License Number

\_\_\_\_\_  
License Type

### Part II. Section to be completed by the state agency.

The above named company has made application for licensing to conduct business in the **State of Hawaii**. The Applicant has stated that it is licensed and/or regulated by your agency. As part of our review of the Applicant's qualification and suitability for a license, we are requesting that you provide to us information on your experience with this Applicant. Please complete the following and return the completed Request Form in the postage paid and pre-addressed envelope provided. If you have any questions regarding this Request Form, you can contact us at:

State of Hawaii  
Division of Financial Institutions  
P. O. Box 2054  
Honolulu, Hawaii 96805  
(808) 586-2820

1. Is the information provided by the Applicant in Part I accurate? Yes \_\_\_ No \_\_\_
2. Did your agency conduct an investigation of this Applicant prior to issuing a license?  
Yes \_\_\_ No \_\_\_
3. Does your agency conduct periodic examinations or audits on the Applicant? Yes \_\_\_ No \_\_\_
4. Have any complaints against the Applicant been filed with your agency in the past three years?  
Yes \_\_\_ No \_\_\_ If yes, please provide the number, nature, and disposition of the complaint(s) below. Attach additional page if space is needed to provide additional information or comments.  
\_\_\_\_\_  
\_\_\_\_\_
5. Has your agency taken any disciplinary/enforcement action against this Applicant?  
Yes \_\_\_ No \_\_\_ If yes, please describe the nature of the action, date, and disposition below. Attach additional page if space is needed to provide additional information or comments.  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name and Title of Person Completing Request Form

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Telephone Number of Person Completing Request Form

\_\_\_\_\_  
Agency Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Address