

Employee Introduction Letter & Questionnaire
(Print or type)

Date: _____

New York State Department of Financial Services (DFS)
Licensed Financial Services
One State Street
New York, NY 10004-1511

Dear Sir/Madam:

This will introduce: _____
(Employee's Last Name, First Name, M.I.)

who is being employed by: _____
(Name of Licensee/Applicant)

in the following capacity: _____
(Employee's Position with the Licensee/Applicant)

(Signature of Authorized Representative of the Licensee/Applicant)

(Please provide the following descriptive information about the employee on the questionnaire below and submit it to the Department along with the items described in the "Fingerprint Procedures" posted on our website.)

Employee's Name: _____
(Last Name, First Name, M.I.)

Home Address: _____
(Number, Street, Apt. #)

City: _____ State: _____ Zip: _____

Sex: _____ Race: _____ Height: _____ Weight: _____

Eyes: _____ Hair: _____

Date of Birth: _____ Country of Birth: _____

Social Security Number: _____

Signature of Employee: _____