



Department of Commerce

Division of Securities
77 South High Street, 22nd Floor
Columbus, Ohio 43215-6131
Telephone (614) 644-7381

\$ _____
(For Division Use Only)

FORM BWCCIO
Bureau of Worker's Compensation Chief Investment Officer

PART I: Bureau of Workers' Compensation

- 1. Address: _____

- 2. Telephone No.: _____ 3. Facsimile No.: _____

PART II: Applicant

- 1. Full name: _____
- 2. Home Address _____

- 3. Telephone No.: _____ 4. Facsimile No.: _____
- 5. Social Security No.: _____
- 6. Fingerprint Card: A fingerprint card properly completed by the applicant:
_____ is included with this Form BWCCIO _____ will be filed separately

PART III: Qualification

Provide confirmation that the applicant has been designated as a chartered financial analyst by the CFA Institute and is in good standing.

PART IV: Disclosure

- 1. Have you ever found guilty of any felony? Have you ever been found guilty of any misdemeanor involving theft, deception or moral turpitude?
Yes (If yes, attach a sheet reporting the charge and the date, place and final disposition of the charge.)
No
- 2. Have you ever been refused a license or registration, or been censured or disciplined by any State or Federal Agency, Stock Exchange, or the National Association of Securities Dealers, Inc. for any activity which would constitute a lack of "good business repute" as defined in O.A.C. 1301:6-3-19(D)?
Yes (If yes, attach a sheet reporting the date, place and final disposition of the matter.)
No
- 3. Periods during which the applicant has previously been licensed by the Ohio Division of Securities. (If none, so state.) _____

4. **Employment Record:** Complete information must be given covering the ten year period immediately preceding the date of this application. Also include intervals of unemployment. To avoid delays in processing, furnish correct names and addresses of all employers. For additional space please attach a separate sheet.

Period of Employment	Employer's Names & Address	Nature of Employment
From:	Name	
To:	Address	
From:	Name	
To:	Address	
From:	Name	
To:	Address	
From:	Name	
To:	Address	

PART V: Signatures

1. Applicant

The undersigned represents that the foregoing information is true and accurate to the best of the applicant's knowledge as of the date hereof, and agrees that this form constitutes a written statement for purposes of R.C. 1707.44(B).

Applicant's signature named in Part II

Date

2. Bureau of Workers' Compensation

The undersigned represents that he/she is duly authorized to sign the application, the foregoing applicant is employed or has been offered employment, and represents that the information provided in foregoing Parts I, II and III is true and accurate to the best of the Bureau Workers' Compensation's knowledge as of the date hereof, and agrees that this form constitutes a written statement for purposes of R.C. 1707.44(B)

By: _____
Signature (Cannot be the same person as Applicant named in Part II)

Print name and title _____ Date _____

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