



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. Email: _____
- 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 been 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 date, place and final disposition of the matter.)
____ 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 Financial Industry Regulatory Authority (FINRA), 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. State if former employer is out of business. For additional space 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	

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 do so, 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 of 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