



# DAVE YOST

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## Application for Manufacturer or Distributor Endorsement Personnel Form

(Applicant may upload this form or upload its own form for each person identified, in pdf format, with the information required in Ohio Administrative Code 109:1-5-16 (B).)

Applicant Manufacturer or Distributor \_\_\_\_\_

Manufacturer or Distributor Ohio License number: \_\_\_\_\_

Personnel name \_\_\_\_\_  
(First) (Middle) (Last)

Any other names used: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(month, date, year)

Position / Title: \_\_\_\_\_ License number: \_\_\_\_\_  
(if used)

Address: \_\_\_\_\_  
(city, state, zip)

Social Security: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
(daytime)

List any businesses you have held any ownership interest in during the past ten years: (except for publicly traded companies unless the ownership interest is 10% or more)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Employment history (over the last ten years):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personnel form submission includes any person or entity with a direct or indirect financial interest of five percent or more in the applicant and its Affiliates.