



Other Officers and Directors

Signatures

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

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

4. Name and address of any sub agency, office or branch office for which renewal is requested:

N/A  
\_\_\_\_\_  
\_\_\_\_\_

5. If a firm, the name of the individual whose qualifications are presented to meet the experience/education requirements of WV Code, 30-18-2(1):

\_\_\_\_\_  
\*\*Note if firm changes their current qualifying agent a complete application must be submitted for the new qualifying agent. License cannot be renewed until the new qualifying agent is approved.

6. Has the applicant or any officer, partner or employee been charged, indicted, arrested or convicted of any criminal offenses against the United States or the laws of this State or of any State or territory during the last year? If yes, where and what offense.

No  
\_\_\_\_\_  
\_\_\_\_\_

7. Has the applicant or any officer, partner or employee been a patient in a public or private mental hospital within the last year? If yes, where?

No  
\_\_\_\_\_  
\_\_\_\_\_

I, hereby certify that all answers and statements given herein are true and complete without reservations of any kind. It is understood that all facts contained in this application are open to thorough investigation.

1-3-03  
Date

James Wilson  
Signature of Individual or Officer

\_\_\_\_\_  
Title of Officer

\*\*Note if you have a firm license you must complete enclosed form listing the current employees working in West Virginia. Your application will not be processed until all information is completed and returned.

CERTIFICATION OF CHILD SUPPORT OBLIGATIONS FORM

\*\*\*\*PLEASE COMPLETE AND RETURN WITH YOUR APPLICATION\*\*\*\*

(Please print or type)

1. Name Wilson LANCE Arthur  
Last First Middle

2. Address 4006-Powell St Parkersburg Wood WVa 26104  
Street City County State & Zip

3. Telephone 304 485 1456 Social Security No. 232-82-2514

4. If a firm please complete the following information:

Firm name \_\_\_\_\_

Firm address \_\_\_\_\_

Firm Telephone \_\_\_\_\_

Pursuant to WV Code §48A-5A-5(c) each applicant for license must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct.

Please answer yes or no to the following questions:

1. Do you have a child support obligation? NO
2. If the answer to question 1, above, is yes, are you in arrearage? N/A
3. If the answer to question 2, above, is yes, does your arrearage equal or exceed the amount of child support payable for six(6) months? N/A
4. Are you the subject of a child support related subpoena or warrant? NO

I, LANCE A. WILSON do hereby certify, under penalties of perjury and false swearing, that the above questions are true and correct to the best of my knowledge. I understand that if I make a false statement concerning any question on this application, I may be subject to disciplinary action including, but not limited to, immediate revocation or suspension of your private investigator and/or security guard license.

Lance Wilson  
 Signature of Applicant

WV/BRT-802  
Rev. 1/99

**WEST VIRGINIA  
DEPARTMENT OF TAX AND REVENUE**

WEST VIRGINIA IDENTIFICATION NUMBER & BUSINESS LOCATION ADDRESS

**SAME**

**BUSINESS REGISTRATION CERTIFICATE**

FOR YEAR BEGINNING **JULY 1, 2001**

ENDING **JUNE 30, 2003**



WEST VIRGINIA IDENTIFICATION NUMBER & MAILING ADDRESS

**23-282-2514-001      01-4-000340**  
**WILSON LANCE A**  
  
**4006 POWELL STREET**  
**PARKERSBURG      WV      26104**

The State Tax Commissioner, pursuant to the authority vested in him by Chapter 11, Article 12 of the Code of West Virginia, has this day issued a Business Registration Certificate which shall mean you have properly registered with the Department of Tax and Revenue to conduct business within the state of West Virginia for this location.

SEE REVERSE SIDE.



**WEST VIRGINIA**  
DRIVER'S LICENSE

NUMBER	DOB	SEX	
B115541	05-09-1950	M	
WEIGHT	HEIGHT	EYE	EXPIRES
196	5-09	BE	05-31-2005
ISSUED	CLASS	ENDORSEMENTS	RESTRICTIONS
06-05-2000	E	F	

WILSON, LANCE A  
4006 POWELL ST  
PARKERSBURG, WV 26101-1414

**RENEW**  
*[Signature]*  
GOVERNOR  
*[Signature]*  
COMMISSIONER

WV Secretary of State

.....  
Receipt #: 301258  
Station ID: M01

List Of Services

.....  
pi in nr Lance Wilson \$50.00  
pi i ip Lance Wilson \$100.00  
Total: \$150.00

Payment Details:

.....  
Lance Wilson  
k 3209 \$150.00  
.....

Original Transaction Date: 01/20/2003

Thank You For Your Business!

**RECORD REQUEST CHECK**  
Type or Print All Information

Facility Number \_\_\_\_\_

Name: \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_

Sex	Race	Social Security Number	Date of Birth		
			M	D	Y

**Certification:**

I hereby request a record check be made to find any police record on the herein named individual.

I certify that this is for official business and I am authorizing \_\_\_\_\_ to obtain any record found.

\_\_\_\_\_  
Secretary of State  
Bldg. 1, Suite 157-K  
1900 Kanawha Blvd., East  
Charleston, MA 25305

(Signature)

Address