



# Prospective Licensee Application

**This form, when completed, is an essential part of evaluating your qualifications to be awarded a Kar Konzept Licence. Please print and answer all questions completely. Incomplete applications will not be considered. All answers are held in confidence. The completion of this form does not obligate Kar Concepts or you in any way.**

Email the application to [lexusguy74@aol.com](mailto:lexusguy74@aol.com) OR by snail mail to

**Kar Concepts  
Attn Keith Fernandes  
53 Doyle Ave,  
Providence,  
RI 02906**

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

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Last: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

U.S. Citizen: . Yes . No

*Previous addresses for last 5 years*

Street/PO Box: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates: \_\_\_\_\_

Street/ PO Box: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates: \_\_\_\_\_

Street/ PO Box: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates: \_\_\_\_\_

High School: \_\_\_\_\_

City, State: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

College: \_\_\_\_\_

City, State: \_\_\_\_\_

Major/Degree: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

College: \_\_\_\_\_

City, State: \_\_\_\_\_

Major/Degree: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

Grad School: \_\_\_\_\_

City, State: \_\_\_\_\_

Degree: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

*Work history and/or business started. Please give present position first, as well as the positions held prior to that.*

Company: \_\_\_\_\_

City, State: \_\_\_\_\_

Position: \_\_\_\_\_

Current Salary: \_\_\_\_\_

Employed From: \_\_\_\_\_

To: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Company: \_\_\_\_\_

City, State: \_\_\_\_\_

Position: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Immediate Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Company: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Position: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Immediate Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Have you ever owned or been a partner in a business? . Yes . No  
If yes, what type?  
\_\_\_\_\_

Have you ever been convicted of a crime or convicted in a military court martial? .  
Yes . No  
Have you ever been sanctioned or had your licenses suspended or revoked? .  
Yes . No  
Are you currently under investigation or subject to pending charges? .  
Yes . No  
May we contact your current employer? .  
Yes . No  
Have you ever filed for bankruptcy?  
Yes No

What in your opinion is your credit rating : Excellent / Good/ Average/ Poor

Do you plan to personally operate the business, devoting full time to this venture? .  
Yes . No  
If yes, what date will you be available to devote your efforts to Kar Concepts®?  
\_\_\_\_\_

Do you plan to have equity partners? . Yes . No If yes, please identify all proposed equity partners.

*(Complete a separate application for each person listed.)*

Name/ Address/ Telephone/ Active in business?

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Capital available for investment: \_\_\_\_\_

What is your net worth? \_\_\_\_\_

How did you become aware of Kar Concepts' license opportunity?

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Why are you interested in the Kar Concepts' opportunity?

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Please indicate the areas/locations where you are interested in operating a Kar Concepts' franchise:

1.

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2.

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3.

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Rate your knowledge of automobiles: Excellent – I can change an engine

Good – I can change smaller parts

Average – I can tell you where the parts are in a car

Basic - I know the number to AAA

Held any Customer Service jobs? Please explain

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**AUTHORIZATION AND RELEASE TO OBTAIN A CONSUMER REPORT AND/OR AN INVESTIGATIVE CONSUMER REPORT**

I, the undersigned consumer, do hereby authorize **Kar Concepts, Inc.**, by and through to its independent contractor, to procure a consumer report and/or investigate a consumer report on me.

The above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civic history/records; any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **Kar Concepts**, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. 1681 et.seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **Kar Concepts**, by and through our independent contractor, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such a person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release **Kar Concepts**, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs, or others making such a claim on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized. I understand that this Authorization/Release form shall remain in effect for the duration of my Franchise relationship with said Company.

Further, I certify that the information contained on this Authorization/Release form is true and correct.

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

Printed Name: \_\_\_\_\_

Previous Names Used: \_\_\_\_\_

Dates Used: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

Gender\*: \_\_\_\_\_ Place of Birth\*: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_