

## **DOMESTIC & INTERNATIONAL AUTHORIZATION**

I HEREBY AUTHORIZE 3D Systems (the "End User") to obtain "consumer reports" and/or "investigative consumer reports" on me at any time after receipt of this Authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any and all persons or entities, foreign and domestic corporations, employers, schools and educational institutions (public or private), foreign and domestic law enforcement agencies, foreign and domestic city, state, county, provincial, and federal courts, foreign and domestic governmental agencies and military services, information service bureaus, or insurance companies to release, transfer and furnish any and all background information to ESS, Inc., 2500 Southlake Park, Birmingham, AL 35244, toll free 866.859.0143, <a href="https://www.es2.com">www.es2.com</a>, its vendor, or another outside organization acting on behalf of ESS. The term "background information" includes, but is not limited to, employment history, reference checks, criminal and civil history information, motor vehicle records, moving violation reports, sex offender status information, credit reports, education verification, professional licensure verification, drug testing, information related to my Social Security number, and information concerning workers' compensation claims. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original. I acknowledge receipt of the Disclosure Of Procurement Of Consumer Report And/Or Investigative Consumer Report. I understand I can view ESS's Privacy Policy on its website, <a href="https://www.es2.com">www.es2.com</a>. I have the right to request from the End User a written summary of the rights of a consumer prepared pursuant to the Fair Credit Reporting Act, 15 U.S.C. § 1681g(c).

APPLICANT INFORMATIO The following is for identification pu	N: TO BE COMPLETEI	Date Day APPLICANT	: PLEASE USE BLACK	
any one: parpose.				
Print: Last Name LOZANO	First Name SENDR I	E	Middle Initial J	
Date of Birth os 11 1989 Social Security Nur	nber 665-35-8166	Driver's License Nu	mber <b>9805987027</b> State	м√
Current Address:	City	State NV	Zip Code <b>89521</b>	
Previous Address (Past 7 Years):	City SPARES	State NV	Zip Code 89 431	
Previous Address (Past 7 Years): 2238 PRATER WAY, SPC 5	City	State NV	Zip Code 89431	
Alias Names (Other names I have been known by):	ENDRIE JIGS LARR	LOZA LOZANO		
Degree Obtained  SOCTOR OF DENTAL MEDICINE  Year Gr	Aduated Name of School	UNIVERSITY	City and State of Scho	
Last Name Used at Time of Graduation				
Searches to be Ordered				
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