

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

Please submit signed application via email and original via Federal Express.

By submitting this application, I attest to the accuracy of the statements contained in this confidential License Application and authorize Betanix Coatings, Inc. or its agents to verify the data submitted and background or character confirmations which it deems necessary or advisable. In connection with these background investigations, I authorize Betanix Coatings, Inc. or its agents to contact present or past employers, schools, law enforcement agencies and any other person, firm corporation or source. I authorize any such source to provide Betanix Coatings, Inc. or its agents any and all information concerning me, and I hereby release any such source and its agents and employees from all liability for providing this information. I understand such reports may contain information concerning my education, employment, work habits, character or skill or criminal history. I authorize that a photocopy or facsimile of this document may be accepted with the same authority as the original.

Betanix Coatings, Inc. agrees to maintain in a confidential manner and restrict the use of any information contained or obtained in connection with this application for a Betanix® Xperts License Agreement.

Signature of Applicant _____

Date: _____

Mail Original Signed Application to:

**Betanix® Xperts Professional Services
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