

## INITIAL APPLICATION FOR DEBT MANAGEMENT LICENSE

### Initial Application for Debt Management License Attachments and Instructions

#### General Instructions:

#### PLEASE NOTE – INCOMPLETE APPLICATIONS MAY BE RETURNED UNPROCESSED

1. Complete the subsequent application and attachments. In addition, the following items are required to be filed along with the application.
2. Bond Requirement: Please submit **ONE** of the following:
  - [FIS 0508](#) Debt Management Surety Bond for Licensee *or*
  - [FIS 0509](#) Debt Management Deposit of Cash or Securities in Lieu of Bond
3. If Applicant's Trust Account is to be maintained by a financial institution outside of Michigan, [FIS 0517](#) Alternative Bond in Lieu of Michigan Based Trust Account **MUST** also be completed.
4. Articles of Incorporation, Articles of Organization or Partnership Agreement. Include Assumed Name Certificate, if applicable.
5. Credit Report of the firm.
6. Applicant's budget analysis, debt management contract and creditor agreement forms that contain information specified in Sections 12, 13 and 14 of the [Debt Management Act](#), P.A. 148 of 1975, as amended (Act).
7. Fee Schedule (must be in accordance with [Section 18](#) of the Act)
8. Certificate of Authority to conduct business in Michigan as a corporation, partnership or limited liability company. Certificates are available by contacting the Corporation Division at 1-517-241-6470 or [www.michigan.gov/corporations](http://www.michigan.gov/corporations). If you are a sole proprietor, submit a Certificate of Assumed Name (DBA). DBA Certificates can be obtained by contacting your local County Clerk's office.

Questions pertaining to the completion of this Application may be directed to the Consumer Finance Licensing Unit at 1-877-999-6442.

#### SEND COMPLETED FILING AND FEES TO:

##### Via Regular Mail

Office of Financial and Insurance Regulation  
Consumer Finance Licensing Unit  
PO Box 30220  
Lansing MI 48909

##### Via Overnight Delivery

Office of Financial and Insurance Regulation  
Consumer Finance Licensing Unit  
611 West Ottawa Street 3<sup>rd</sup> Floor  
Lansing MI 48933



#### Michigan Department of Energy, Labor & Economic Growth

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**INITIAL APPLICATION FOR DEBT MANAGEMENT LICENSE**

This form is required pursuant to the Debt Management Act, P.A. 148 of 1975, as amended. Failure to file may cause denial of application.

Applicant's Name		Firm's Fiscal Year End	
Applicant's Home Office Address		Firm's Web Address	
City	State	ZIP Code	Telephone Number ( )
Contact Person	Title	E-Mail Address	Fax Number ( )

ADDITIONAL OFFICES (Attach additional page(s), if necessary)

ADDRESS	PHONE NUMBER	MANAGER
	( )	
	( )	
	( )	
	( )	
	( )	

Type of Business Entity (check one only):

**Sole Proprietorship.** Give name and home address.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Partnership.** Attach list of partners, showing names, home addresses, and whether general or limited partner.

**Corporation.** Attach a list of officers, members and directors, showing names, home addresses, position held and percentage of interest held directly or otherwise.

**Limited Liability Company or Unincorporated Association.** Attach a list of members, giving names, home addresses, positions held and percentage of interest held directly or otherwise.

Indicate whether the applicant, its general partners, members or managers or any of the officers or directors:

(Note: This question does not apply to directors or their equivalent if he or she does not receive a salary, stock dividend, or other financial benefit from the corporation or equivalent entity, other than reimbursement of the actual expenses incurred in carrying out the duties of a director of that corporation or equivalent entity.)

- YES     NO    1. Has been convicted of a crime involving moral turpitude which includes forgery, embezzlement, obtaining money under false pretenses, larceny, extortion, conspiracy to default or any other like offenses.
- YES     NO    2. Has been the subject of an order by the Office of Financial and Insurance Regulation for violating or failing to comply with a provision of the Act, Rules, or an Order promulgated or issued under the Act.
- YES     NO    3. Has had a license to engage in the business of debt management revoked or suspended for any reason other than failure to pay the licensing fees in this state or in another state.
- YES     NO    4. Has ever defaulted in the payment of money collected for others including the discharge of debts through bankruptcy proceedings.
- YES     NO    5. Is associated with any other debt management business entity. If yes, please give the name and address of the business on Schedule A.
- YES     NO    6. Is operating a collection agency or affiliated with one. If yes, please give the name and address of the agency on Schedule A.
- YES     NO    7. Is at least 18 years of age and a citizen of the United States.
- YES     NO    8. Is a partnership, corporation, limited liability company or association which has not been granted a certificate of authority to do business in this state.
- YES     NO    9. Is engaged in any other business professions besides debt management. If yes, state nature and locations on Schedule A.

If you have answered "yes" to any of the above, please attach complete details.

The undersigned, \_\_\_\_\_, being first duly sworn, deposes and says: That I have executed the following application for and on behalf of the applicant named therein; that I am \_\_\_\_\_

(Officer, Partner, Member or Sole Proprietor)

of such applicant and fully authorized to execute and file such application; that I am familiar with such application; and that to the best of my knowledge, information and belief the statements made in such application are true and the documents submitted therewith are true copies of the originals thereof.

It is fully understood by me that any misrepresentation or false statements or fraud in or in connection with this application shall be cause for revocation of the license issued thereon, in addition to any other action and/or penalty to which I may be subject.

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

\_\_\_\_\_  
(Name of Applicant)

By: \_\_\_\_\_  
(Name and Title)

### DEBT MANAGEMENT APPLICANT'S CONSENT TO SERVICE OF PROCESS

(This form is required pursuant to Sec. 5 of the Debt Management Act, P.A. 148 of 1975, as amended.)

**KNOW ALL MEN BY THESE PRESENTS:**

That the undersigned, \_\_\_\_\_, corporation, partnership, limited liability company, sole proprietor or other organized under the laws of the State of \_\_\_\_\_ for the purpose of complying with the Debt Management Act, P.A. 148 of 1975, as amended, does hereby irrevocably appoint the Commissioner of the Office of Financial and Insurance Regulation, and the successors in such office, as its attorney in the State of Michigan upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of or in connection with the debt management business or out of violation of the Debt Management Act; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court or competent jurisdiction and proper venue with the State by service of process upon said officer and shall be valid and binding as it service has been made upon the undersigned.

By	Title	Date
By	Title	Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to me before this \_\_\_\_\_ day of

\_\_\_\_\_.

County of \_\_\_\_\_, State of \_\_\_\_\_.

My Commission expires \_\_\_\_\_

\_\_\_\_\_

(Notary Public)



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**DEBT MANAGEMENT FINANCIAL STATEMENT**

(This form is required pursuant to Sec. 5(6) of the Debt Management Act, P.A. 148 of 1975, as amended)

DATED: \_\_\_\_\_

		<b>ASSETS</b>	
<b>CURRENT ASSETS:</b>			
Cash		\$	_____
Marketable Securities		\$	_____
Accounts Receivable		\$	_____
[Less Allowance for Doubtful Accounts of (\$ _____ )]		\$	_____
Notes Receivable		\$	_____
Prepaid Expenses		\$	_____
Other Current Assets		\$	_____
<b>TOTAL CURRENT ASSETS</b>		\$	_____
<b>NON-CURRENT ASSETS:</b>			
Accounts Receivable Non-Current		\$	_____
[Less Allowance for Doubtful Accounts of (\$ _____ )]		\$	_____
Investment:	\$ _____	\$	_____
	(Current Market Value)		(At Cost)
<b>TOTAL NON-CURRENT ASSETS</b>		\$	_____
<b>FIXED ASSETS:</b>			
Property and Equipment at Cost		\$	_____
Land	\$ _____		
Buildings	\$ _____		
Furniture & Fixtures	\$ _____		
Equipment	\$ _____		
Less Allowance for Depreciation	\$ _____		
Net Property & Equipment		\$	_____
<b>TOTAL FIXED ASSETS</b>		\$	_____
<b>OTHER ASSETS: (DESCRIBE FULLY IN NOTES TO FINANCIAL STATEMENTS)</b>			
Trust Account Balance		\$	_____
<b>TOTAL OTHER ASSETS</b>		\$	_____
<b>TOTAL ASSETS</b>		\$	_____

## LIABILITIES

### CURRENT LIABILITIES

Accounts Payable	\$	
Notes Payable	\$	
Due to Creditors from Trust Account	\$	
Accrued Expenses	\$	
Insurance & Taxes Payable	\$	
Long-Term Debt (Current Portion)	\$	
Other Current Liabilities	\$	

TOTAL CURRENT LIABILITIES \$ \_\_\_\_\_

### LONG-TERM LIABILITIES:

Long-Term Debt	\$		
Less Current Portion	\$		
Net Long-Term Debt	\$		
Other Long-Term Liabilities	\$		

TOTAL LONG-TERM LIABILITIES \$ \_\_\_\_\_

TOTAL LIABILITIES \$ \_\_\_\_\_

## NET WORTH OR EQUITY

**NOTE: Complete only A or B**

A) Sole Proprietorship or Partnership complete this portion:  
 Net Worth (Assets Less Liabilities) \$ \_\_\_\_\_

B) Corporation complete this portion:

Equity:

a) Capital Stock (Par Value)	\$	
Authorized	\$	
Issued & Outstanding	\$	
b) Donated Capital		
c) Other		
d) Retained Earnings: (Accumulated Deficit)		

TOTAL EQUITY \$ \_\_\_\_\_

TOTAL NET WORTH (FROM A or B) \$ \_\_\_\_\_

TOTAL LIABILITIES AND NET WORTH OR EQUITY \$ \_\_\_\_\_



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**DEBT MANAGEMENT EMPLOYMENT LIST**

(This form is required pursuant to the Debt Management Act, P.A. 148 of 1975, as amended)

**Note: Complete a separate form for each branch office – Make copies as needed**

Employee List for:

Firm Name	
Firm's Home Address	
Branch Office Address	
Branch Manager's Name	Branch Phone No.

Employee's Name/Address (List Alphabetically)	Title or Position	Date Employed as Counselor	Date Exam Passed

Signature of Officer, Partner, Member or Proprietor	Date
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**DEBT MANAGEMENT ACT BUSINESS HISTORY FORM**

(This form is required pursuant to Rule 2(5) of the Debt Management Rules)

**PLEASE NOTE:** This form, along with three Affidavit of Character forms and a Fingerprint Card (available through OFIS by calling 1-877-999-6442) **MUST** be completed for each officer, director, partner, proprietor, member counselor, and office manager.

(Note: This form is not required to be completed by a director or its equivalent, if he/she does not receive a salary, stock dividend, or other financial benefit from the corporation or equivalent entity, other than reimbursement of the actual expenses incurred in carrying out the duties of a director of that corporation or equivalent entity.)

**Make copies as needed.**

Name					
Address					
Debt Management Firm				Position with this Firm	
Employment Date / /	Date Employed as Counselor (if applicable) / /	Part Time <input type="checkbox"/> YES <input type="checkbox"/> NO	Full Time <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Birth / /	U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO

Educational Institutions attended.

Institution	Address	Dates Attended	Year Completed or Degree

List employment for the last five years starting with current position. Account for all time (if unemployed, disclose and provide dates).

Name of Employer and Complete Address	From	To	Position Held	Reason for leaving

List all home addresses for the past five years starting with present address.

Number and Street	City	State	From	To

Answer each question. If you answer "yes" to any of the following, please attach complete details.

- YES  NO Have you been adjudicated as bankrupt or were you ever a partner, director, officer, member or manager of any firm or company which was adjudicated as bankrupt or for which a receiver was appointed either during the time or within one year after you were connected with it?
- YES  NO Have you been the subject of receivership proceedings?
- YES  NO Have you made an assignment for the benefit of creditors?
- YES  NO Have you been convicted of a misdemeanor or a felony (excluding motor vehicle traffic misdemeanors)?
- YES  NO Have you been refused any license by the Office of Financial and Insurance Regulation or any other governmental body?
- YES  NO Have you had any license suspended or revoked?
- YES  NO Have you had application for license withdrawn?
- YES  NO Have you been charged in any suit with any fraudulent or dishonest acts in any transaction?
- YES  NO Have you been involved in any civil litigation arising out of the debt management business?
- YES  NO Have you defaulted in the payment of money collected for others?
- YES  NO Is there any litigation pending against either yourself or any firm or company of which you are now a partner, officer, director, member or manager?

Describe the experience you have had in the business of debt management:

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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I do hereby certify that the above information is true and correct:

Signature	Date
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### DEBT MANAGEMENT ACT AFFIDAVIT OF CHARACTER

(This form is required pursuant to Rule 2(5) of the Debt Management Rules)

**PLEASE NOTE:** Submit three Affidavit of Character forms, along with a Business History Form, and a Fingerprint Card (available through OFIS by calling 1-877-999-6442) for each officer, director, partner, proprietor, member counselor, and office manager.

(Note: This form is not required to be completed by a director or its equivalent, if he/she does not receive a salary, stock dividend, or other financial benefit from the corporation or equivalent entity, other than reimbursement of the actual expenses incurred in carrying out the duties of a director of that corporation or equivalent entity.)

**Make copies as needed**

Applicant	
Debt Management Firm	Date of Submission

\_\_\_\_\_, after being first sworn, deposes and says:

That I am personally acquainted with the applicant, \_\_\_\_\_. I have known the applicant for a period of at least two (2) years and that applicant is of good moral character and that the reputation of the applicant for honesty and integrity is good.

Signature of Affiant	Date
Address	

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

County of \_\_\_\_\_, State of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_



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