



**APPLICATION FOR RENEWAL
Debt-Management Services License**

Only complete applications will be considered. You may attach additional pages as necessary. Please type or print clearly in ink. Illegible applications will not be accepted.

Each applicant must submit all renewal information and documentation **annually**. The application must be filed no fewer than 30 and no more than 60 days before the license expires. If you file a timely and complete application, your license will remain effective until you are notified that the application for renewal has been denied and the reasons for the denial.

Send the completed application to the **Consumer Protection Unit, Department of Justice, 820 N. French St., Fifth Floor, Wilmington, DE 19801.**

Part I. Fee.

The renewal application is not complete unless you send a non-refundable fee in the amount of one thousand dollars (\$1,000.00). Checks should be made payable to the Consumer Protection Fund.

Part II. Information.

This is an application for renewal of your Debt Management Services License. You must disclose any changes from your most recent application in Item 16 below in addition to in the information specifically requested.

NOTE: Except as specifically designated herein by an asterisk (*), the information provided is available to the public.

1. Name of applicant: _____

2. Principal place of business: _____

5. Business telephone number(s): _____

6. Electronic mail address: _____

7. Internet website address: _____

8. Provide a description of any material civil or criminal judgment or litigation, and any material administrative or enforcement action by a governmental agency, against the licensee, any officer, director, owner, agent or person with access to the required trust account unless previously disclosed:

9. How many **Delaware** residents enrolled in plans in the year preceding this renewal? _____

10. How many **Delaware** residents completed plans in the year preceding this renewal? _____

11. With respect to the trust accounts the applicant has established for the purpose of holding clients' money identify all trust accounts containing funds from **Delaware** residents including the following information:

Name on the account: _____

Location of the account: _____

The account number: _____

The dollar value: _____

12. Disclose the total amount of money received by the applicant pursuant to the plans during the preceding 12 months from or on behalf of clients who reside in the State of Delaware and the total amount of money distributed to creditors of those individuals during the same period.

Receipts: _____

Disbursements: _____

13. Disclose, to the best of the applicant's knowledge, the highest single day bank account balance of money accumulated during the preceding 6 months pursuant to plans by or on behalf of clients who reside in the State of Delaware and with whom the applicant has agreements.

14. Identify each person who has access to a trust account. (See page 5 for Criminal History Affidavit)

15. If the applicant offers a debt settlement program, disclose, to the best of the applicant's knowledge, the gross amount of money accumulated during the preceding 12 months by or on behalf of individuals who reside in this State and with whom the applicant has agreements.

16. Identify any other providers of debt management services to which the applicant refers individuals through links on your web page or by other means.

17. Identify any affiliate of the applicant:

18. Identify any agent of the applicant that provides debt management services to applicant’s clients residing in Delaware and identify those services:

19. The following information has changed since the applicant’s most recent application:

Part III. Enclose the following documents.

An application is not complete and cannot be reviewed until the following documents are received:

1. * Financial statements audited by a Certified Public Accountant for the year preceding this application.
2. A surety bond in the amount of Fifty Thousand Dollars (**\$50,000**) with a surety authorized to transact business in Delaware or a statement that the previously provided bond is still in effect and continuous.
3. Evidence of insurance in the amount at least equal to the larger of Two-Hundred and Fifty Thousand Dollars (**\$250,000**), or the highest daily balance of the trust account holding funds of **Delaware residents** during the 6 months preceding this renewal application, against the risks of dishonesty, fraud, theft, and other misconduct by a director, employee or agent of the applicant with no greater than Five Thousand Dollars (**\$5,000**) deductible. The insurer shall be licensed in Delaware and shall have a current rating of at least “A” by a nationally recognized rating organization. The Attorney General shall appear on the policy as an interested party entitled to notice of cancellation.
4. Evidence of accreditation by an independent accrediting organization approved by the Attorney General.
5. Documentation of certification by a *bona fide* third-party certification provider approved by the Attorney General for each certified counselor or a statement that such documentation will be provided within 12 months of employment.
6. A copy of each form of agreement used with Delaware residents as required in 6 *Del.C.* §2419A.

THE APPLICANT SHALL UPDATE THE INFORMATION PROVIDED IN THIS APPLICATION WITHIN 10 DAYS FOLLOWING ANY CHANGE IN THE INFORMATION REQUIRED BY 6 DEL.C. §2405A, §2406A or §2411A.

AFFIDAVIT

State of _____)
) SS.
County of _____)

I, the undersigned, swear or affirm that:

1. I have carefully read this Application for renewal of a Debt Management Services License, including all attachments and forms. The information contained herein is the product of a diligent and reasonable investigation and is true, accurate and complete to the best of my information and belief;
2. I am a high managerial agent of the Applicant acting with the authority of the Applicant; and
3. I understand that if I intentionally made a false statement in this application, or if someone else made a false statement that I know or believe to be false, I may be subject to criminal prosecution.

Signature of Affiant

Print Name of Affiant

Title

Sworn or affirmed and subscribed to before me this _____ of _____, 20_____.

Notary Public

SEAL

My commission expires: _____

Your application cannot be processed until the criminal records affidavit or fingerprint cards has been received for each officer, employee or agent who has access to the trust account.

If you have sent in fingerprint cards in a previous application, you do not need to send in a fingerprint card or criminal record report again. Instead, return the affidavit below with this application

CRIMINAL RECORDS AFFIDAVIT

AFFIDAVIT

State of _____)
) SS.
County of _____)

I, the undersigned, swear or affirm that:

- 1. I have not been convicted of a crime or suffered a civil judgment, involving dishonesty or the violation of state or federal securities laws. *6 Del. C. § 2409A (b) (2)*.
- 2. I understand that if I intentionally made a false statement regarding my criminal history, or if someone else made a false statement that I know or believe to be false, I may be subject to criminal prosecution.

Signature of Affiant

Print Name of Affiant

Title

Sworn or affirmed and subscribed to before me this _____ of _____, 20_____.

Notary Public

SEAL

My commission expires: _____