2015-_____
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INITIAL APPLICATION
Debt-Management Services License

Only applicants with **complete** applications are eligible for consideration. You may attach additional pages as necessary. Please type or print clearly in ink. Illegible applications will not be accepted.

NOTE: All information and documentation must be submitted concurrently except that fingerprint cards and authorization may be submitted prior to the application form in order to expedite the process. Applications must be complete before they are submitted for consideration. Incomplete applications may be denied or returned to the applicant. Send the completed application to the **Consumer Protection Unit, Department of Justice, 820 N. French St., Fifth Floor, Wilmington, DE 19801.**

Part I. Fee.

An application is not complete unless you send a non refundable fee in the amount of two thousand dollars ($2,000.00). Checks should be made payable to the Consumer Protection Fund.

Part II. Information.

An application is not complete unless you have filled in all the blanks**.** If you do not have the information requested (for example, if you do not have a web address), write "not applicable" or "N/A" in the blank. The words "you" and "your" refers to the business entity making the application.

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

1. Name of applicant: _____

2. Applicant is a(n): ____ Corporation; ____ Unincorporated Association; _____ Partnership;

____ Limited Liability Company; _____ Limited Liability Partnership; _____ Sole Proprietorship; or

____ Other – specify: _____

3. Applicant's business is a: _____ For- Profit Enterprise _____ Non-Profit Enterprise

4. Principal place of business: _____

_____

5. Business telephone number(s): _____

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6. All business locations in Delaware: _____

_____

7. Electronic mail address: _____

8. Internet website address: _____

9. Name and address of your registered agent in Delaware: _____

_____

_____

10. Name, toll free telephone number, and electronic mail address of principal contact for consumer complaints:
_____

_____

11. All names under which the applicant conducts business:
_____

_____

12. The address of each location in Delaware where the applicant will provide debt-management services **or** check the statement that the applicant "will have no location in Delaware":

_____

_____

O Applicant will have no location in Delaware.

13. The identity of each director who is an 'affiliate' of the applicant as defined in 6 *Del. C.* §2402A (1)(A) or (B)(i), (ii), (iv), (v), (vi),or (vii):
_____

_____

_____

14. The name and home address* of each officer, director, and owner of ten percent (10%) of the debt management business:
_____

_____

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15. A description of any ownership interest of at least ten percent (10%) by a director, owner, or employee of the applicant in

(A) any 'affiliate' as defined in the licensing law _____

_____

_____

or (B) any entity that provides products or services to the applicant or any individual relating to the applicant's debt management services: _____

_____

_____

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

_____

_____

_____

17. The names, addresses and phone numbers of the employers of each director during the five (5) years preceding the application. [Applicant may attach a resume that contains the required information and incorporate by reference]:

_____

_____

_____

18. Identify every jurisdiction where the applicant, officer, or director has been licensed or registered to provide debt-management services in the last five (5) years **or** where consumers of applicant's debt management services have resided:

_____

_____

_____

19. Identify any state in which applicant has been denied a license to provide debt management services.

_____

20. 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 applicant, any officer, director, owner, agent or person with access to the required trust account:

_____

_____

21. *** IF** the applicant is a 'not for profit' entity or has tax exempt status under 26 U.S.C. sec. 501, provide a statement of the amount of compensation of the applicant's five most highly compensated employees for each of the three years preceding the application or the length of time applicant has provided debt management services, whichever is shorter.

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22. 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: _____

23. Identify each person who has access to a trust account.

_____

_____

_____

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 two years preceding this application **or** the length of time the applicant has been providing debt management services, whichever is less.

2. A surety bond in the amount of Fifty Thousand Dollars **($50,000**), using the form provided herewith, with a surety authorized to transact business in Delaware unless a higher amount is deemed necessary by the Attorney General or an irrevocable letter of credit acceptable to the Attorney General.

3. Evidence of insurance in the amount of Two Hundred and Fifty Thousand Dollars **($250,000)** 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. If the applicant has a trust account, an irrevocable consent authorizing the Attorney General, or designee, to review and examine the trust account identified herein

5. Evidence of accreditation by an independent accrediting organization approved by the Attorney General.

6. A description of the three most common educational programs provided for Delaware residents and a copy of the educational materials.

7. 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.

8. A description of the financial analysis and initial budget plan, including any form or electronic model, used to evaluation the financial condition of individuals.

9. A copy of each form of proposed debt management plan agreement used with Delaware consumers as required in 6 *Del.C.* §2419A and the notice of right to cancel as provided in 6 *Del.C.* §2420.

10. If the internet is a component of a counseling session, provide a copy of all computer screens viewed by the consumer.

11. A schedule of fees (including voluntary donations) for all services to be used with Delaware consumers. Include initial and recurring fees for services and materials.

12. Proof of 'good standing' from the state in which the applicant is chartered or organized.

IV. Criminal Records Check

Your application cannot be processed until the complete criminal records check has been received for each officer and each employee or agent who has access to the trust account. The Delaware State Bureau of Identification is the intermediary and the Office of the Attorney General is the screening point for the receipt of the criminal history records.

In order to expedite the application process, you may request fingerprint cards and authorization forms by contacting the Consumer Protection Unit at (302) 577-8600 prior to submitting the completed application. You can then take the fingerprint cards to a local law enforcement agency for fingerprinting.

The completed cards and authorization forms must be returned to the Consumer Protection Unit, Department of Justice, 820 N. French St., Fifth Floor, Wilmington, DE 19801. Enclose the fee of **$69.00** for **each** criminal history. The fee must be paid by **cashier's check or money order** payable to the **Delaware State Police.** There may be an additional fee imposed by your local law enforcement agency when the fingerprints are taken.

A criminal records check obtained for the purpose of doing business in any state, that was issued within the last 12 months and based on the fingerprints of the officer or person with access to the trust account, satisfies this requirement if the criminal records check is provided to this office by the licensing state and received by that state from a central repository.

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 or §2406A.

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AFFIDAVIT

State of _____)
) SS.
County of _____)

I, the undersigned, swear or affirm that:

1. I have carefully read this Application for 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: _____

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