



STATE OF NEVADA
FINANCIAL INSTITUTIONS DIVISION
DEPARTMENT OF BUSINESS AND INDUSTRY
ATTN: APPLICATION PROCESSING

1830 E. COLLEGE PARKWAY, SUITE 100
CARSON CITY, NV 89706

Phone: (775) 687-5522
Fax: (775) 687-5523
<http://www.fid.state.nv.us>

Documents Received On

Alternative Application for Registration for Applicants Licensed or Certified in Another State

Pursuant to NRS 676A.380, if a provider holds a license or certificate of registration in another state authorizing it to provide debt-management services, the provider may submit a copy of that license or certificate and the application for it instead of an application in the form prescribed by NRS 676A.310 (1), NRS 676A.320, or 676A.370 (2).

Legal Name of Debt-Management Applicant: _____

Applicant/Designee: _____

In lieu of submitting a State of Nevada Uniform Debt-Management Services application, the above Debt-Management Applicant/Designee is submitting the:

State of: _____

1. Application, and
2. License or Certificate of Registration.

Applicant or Designee, under oath certifies that the information contained in the attached application is current or, to the extent it is not current, has supplemented the application to make the information current. This statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Certificate of Registration by the Nevada Financial Institutions Division. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the revocation of the Certificate of Registration.

Signature of Applicant/Designee _____ Date _____

THE APPLICATION IS TO BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

_____, being duly sworn says that he is the applicant herein; or that he is making this application on behalf of said applicant; that he has read the foregoing application and knows the contents.

Thereof and that the same is true to the best of his knowledge and behalf.

Taken, subscribed and sworn to before the undersigned authority in

_____ County, State of _____

this _____ day of _____, 20 ____

Notary Public

(Notary Seal)