



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) 684-2970
Fax: (775) 684-2977
<http://www.fid.state.nv.us>

Documents Received On

Renewal Application for Registration - Nevada Debt-Management Services Provider

1. Licensee Information

Legal name of Debt-Management Services Applicant

Not-for-Profit Company?

☐ Yes ☐ No

DBA, trade or assumed name(s) used in Debt-Management Services (in different from above)

Company type: ☐ Debt Management Services ☐ Debt Settlement Services ☐ Both

Holding of Consumer Funds (Select One)

☐ Holds consumer funds.

Does not hold consumer funds and does not arrange or suggest the use of
☐ a third party designee to establish special purpose, savings or similar accounts for consumers.

☐ Does not hold consumer funds but does arrange or suggest the use of a third party designee to establish special purpose, savings or similar accounts for consumers.

Name of third party designee

The total amount of money received to plans during the preceding 12 months on the behalf of Nevada Residents?

The total amount of money distributed to creditors of those individuals during that period?

The gross amount of money accumulated during the preceding 12 months on the behalf of Nevada Residents?

2. Principal business address (do not use a P.O. Box).

Address Line 1

Address Line 2

City

State

Zip Code

Web Site Address

Primary Phone Number

Toll Free Phone Number

Fax Number

3. Physical address of location where official books and records will be kept.

Any changes from application of registration or previous application of renewal?

☐ Yes ☐ No

(If yes then fill in section 3. If no skip to section 4.)

Address Line 1

Address Line 2

City

State

Zip Code

Primary Phone Number

Toll Free Phone Number

Fax Number

4. Contact person authorized to respond to application and renewal inquiries.

Any changes from application of registration or previous application of renewal? ☐ Yes ☐ No
(If yes then fill in section 4. If no skip to section 5.)

<input type="text"/>			
Full Name (Last Name, First Name MI) and Title			
<input type="text"/>			
Mailing Address Line 1			
<input type="text"/>			
Mailing Address Line 2			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing City	Mailing State	Mailing Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail	Phone Number	Ext.	Fax Number

5. Contact person authorized to respond to consumer complaints.

Any changes from application of registration or previous application of renewal? ☐ Yes ☐ No
(If yes then fill in section 5. If no skip to section 6.)

<input type="text"/>			
Full Name (Last Name, First Name MI) and Title			
<input type="text"/>			
Mailing Address Line 1			
<input type="text"/>			
Mailing Address Line 2			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing City	Mailing State	Mailing Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail	Phone Number	Ext.	Fax Number

6. Contact person authorized to respond to examination.

Any changes from application of registration or previous application of renewal? ☐ Yes ☐ No
(If yes then fill in section 6. If no skip to section 7.)

<input type="text"/>			
Full Name (Last Name, First Name MI) and Title			
<input type="text"/>			
Mailing Address Line 1			
<input type="text"/>			
Mailing Address Line 2			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing City	Mailing State	Mailing Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail	Phone Number	Ext.	Fax Number

7. Organization Type:

Any changes from application of registration or previous application of renewal?

☐ Yes

☐ No

(If yes then fill in section 7. If no skip to section 8.)

Check One:

☐ Corporation ☐ Limited Liability Company ☐ Partnership ☐ Limited Partnership ☐ Sole Proprietor

☐ Other (describe) _____

Corporations or Limited Liability Companies:

State of Incorporated or Organization

Date of Incorporation or Organization

Nevada Registered Agent for Service of Process:

Full Name (Last Name, First Name MI)

Address Line 1

Address Line 2

City

State

Zip Code

Primary Officers or Members (add additional list if necessary)

President

Vice President

Secretary

Treasurer

Partnerships:

State of Formation

Date of Formation

Type of Partnership: ☐ General ☐ Limited

An individual holds more than 10% of the outstanding stock of either the applicant corporation, parent corporation, partnership or general liability company (add additional list if necessary):

Full Name (Last Name, First Name MI)

Percentage of Ownership

Full Name (Last Name, First Name MI)

Percentage of Ownership

Full Name (Last Name, First Name MI)

Percentage of Ownership

Full Name (Last Name, First Name MI)

Percentage of Ownership

Sole Proprietorships:

Full Name of Individual Proprietor (Last Name, First Name MI)

8. Disclosures:

Since application of registration or the previous application of renewal, has the licensee, officer, director, or owner of the licensee been involved in litigation, bankruptcy, had the bonded or license revoke, or any other administrative or enforcement action taken against them by any Federal, State, County, or Local regulatory agency?

☐ NO ☐ YES

If yes, please provide details.

9. Renewal Checklist

File all attachments listed below to apply for the renewal registration as a Nevada Debt-Management Services Provider.

1. ☐ Renewal Application;
2. ☐ Annual Renewal Fee is \$1,500.00. Make check payable to "Nevada Financial Institutions Division";
3. ☐ Evidence of Insurance, \$250,000.00, maximum deductible of \$5,000.00 and evidence of Insurer's Rating; **NRS 676A.370.2(e)**
4. ☐ Surety bond or bond rider; **NRS 676A.390**
5. ☐ Certificate of Accreditation from an approved provider; **NRS 676A.370.2(c)**
6. ☐ List of Credit Counselors and Debt Specialists with dates of hire and Certificates of Certification from an approved provider; **NRS 676A.370.2(c)** An Excel file template is available at http://fid.state.nv.us/New_AppPackage_UniformDebtMgmtSvc.htm
7. ☐ Nevada State Business License issued by the Nevada Secretary of State (<http://nvsos.gov>);
8. ☐ A copy of the appropriate city/county/state business license of the licensed location. Initial if n/a: _____
9. ☐ Provide CPA prepared financials for the fiscal year immediately preceding this renewal application; **NRS 676A.370.2(c)**

10. Certification of Application

I, the undersigned, being duly sworn, depose and say that the above statements are true and correct to the best of my knowledge and belief that 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 license by the Nevada Financial Institutions Division. I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the revocation of a license.

Signature of Applicant _____ Title _____ 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)