



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.nv.gov

Documents Received On

Application for Registration - Nevada Debt-Management Services Provider

1. Applicant Information

Legal name of Debt-Management Services Applicant

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

Not-for-Profit Company? Yes No

Holding of Consumer Funds (Select One)

- 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

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.

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 registration and renewal inquiries.

Full Name (Last Name, First Name MI) and Title			
Mailing Address Line 1			
Mailing Address Line 2			
Mailing City	Mailing State	Mailing Zip Code	
E-mail	Phone Number	Ext.	Fax Number

5. Contact person authorized to respond to consumer complaints.

Full Name (Last Name, First Name MI) and Title			
Mailing Address Line 1			
Mailing Address Line 2			
Mailing City	Mailing State	Mailing Zip Code	
E-mail	Phone Number	Ext.	Fax Number

6. Contact person authorized to respond to examination.

Full Name (Last Name, First Name MI) and Title			
Mailing Address Line 1			
Mailing Address Line 2			
Mailing City	Mailing State	Mailing Zip Code	
E-mail	Phone Number	Ext.	Fax Number

7. Organization Type:

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

Sole Proprietorships:

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

8. Ownership:

List all individuals or companies with ownership interest in the applicant to account for 100% ownership (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

9. Enter appropriate number(s) in the box for each jurisdiction, during the five years immediately preceding the application:

Enter "1" if Applicant or any of its Officers or Directors has a pending application in that jurisdiction.

Enter "2" if Applicant or any of its Officers or Directors is currently licensed/registered in that jurisdiction.

Enter "3" if Applicant or any of its Officers or Directors was formerly licensed/registered in that jurisdiction.

Enter "4" if Applicant or any of its Officers or Directors has provided debt-management services to a consumer residing in that jurisdiction.

Alabama		Illinois		Nebraska		South Carolina	
Alaska		Indiana		Nevada		South Dakota	
Arizona		Iowa		New Hampshire		Tennessee	
Arkansas		Kansas		New Jersey		Texas	
California		Kentucky		New Mexico		Utah	
Colorado		Louisiana		New York		Vermont	
Connecticut		Maine		North Carolina		Virginia	
Delaware		Maryland		North Dakota		Washington	
District of Columbia		Massachusetts		Ohio		West Virginia	
Florida		Michigan		Oklahoma		Wisconsin	
Georgia		Minnesota		Oregon		Wyoming	
Guam		Mississippi		Pennsylvania			
Hawaii		Missouri		Puerto Rico			
Idaho		Montana		Rhode Island			

9. Business Plan:

Provide details on the business activities to be conducted in this state by the applicant.
(If additional space is needed, attach a spreadsheet and identify the enclosure number)

11. Disclosures

A) Has any Federal, State, County, or Local regulatory agency found the Applicant to have made a false statement or omission or been dishonest, unfair or unethical?

NO YES

If yes, please provide details.

B) Has the applicant ever been involved in a litigation with any federal, state, county or local regulatory agency regarding a financial services related statute or regulation or has the applicant ever had a license or registration denied, suspended or revoked or had its business activities formally restricted?

NO YES

If yes, please provide details.

C) In the past ten years, has the Applicant been a provider or an affiliate of a provider that has been the subject of a bankruptcy petition?

NO YES

If yes, please provide details.

D) Has a bonding company ever denied, paid out on, or revoked a bond for the Applicant?

NO YES

If yes, please provide details.

E) Does the Applicant have any unsatisfied judgments or liens against it?

NO YES

If yes, please provide details.

F) Has any Officer, Director, Owner, Agent or person authorized to initiate transactions to the trust account, been the subject of any material civil or criminal judgment, litigation, or other administrative or enforcement action by any Federal, State, County, or Local regulatory agency?

NO YES

If yes, please provide details.

12. Additional Information

Present any other information you believe is important to evaluate this applicant. If applicant is involved in the organization that is regulated by State of Nevada Financial Institutions Division, discuss applicant specific involvement.

13. 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)