

Initial Application for Debt Management License

Initial Application for Debt Management License Attachments and Instructions

General Instructions:

PLEASE NOTE – INCOMPLETE APPLICATIONS MAY BE RETURNED UNPROCESSED

1. Complete the subsequent application and attachments. In addition, the following items are required to be filed along with the application.
2. Bond Requirement: Please submit ONE of the following:
 - [FIS 0508](#) Debt Management Surety Bond for Licensee *or*
 - [FIS 0509](#) Debt Management Deposit of Cash or Securities in Lieu of Bond
3. If Applicant's Trust Account is to be maintained by a financial institution outside of Michigan, [FIS 0517](#) Alternative Bond in Lieu of Michigan Based Trust Account MUST also be completed.
4. Articles of Incorporation, Articles of Organization or Partnership Agreement. Include Assumed Name Certificate, if applicable.
5. Credit Report of the firm.
6. Applicant's budget analysis, debt management contract and creditor agreement forms that contain information specified in Sections 12, 13 and 14 of the [Debt Management Act](#), P.A. 148 of 1975, as amended (Act).
7. Fee Schedule (must be in accordance with [Section 18](#) of the Act)
8. Certificate of Authority to conduct business in Michigan as a corporation, partnership or limited liability company. Certificates are available by contacting the Corporation Division at 1-517-241-6470 or www.michigan.gov/corporations. If you are a sole proprietor, submit a Certificate of Assumed Name (DBA). DBA Certificates can be obtained by contacting your local County Clerk's office.

Questions pertaining to the completion of this Application may be directed to the Consumer Finance Licensing Unit at 1-877-999-6442.

When complete, please mail to:

OFIR
Consumer Finance Licensing Unit
PO Box 30220
Lansing MI 48909-7720

Out delivery address is:
OFIR
Consumer Finance Licensing Unit
611 W Ottawa St 3rd Floor
Lansing MI 48933-1020



Michigan Department of Licensing and Regulatory Affairs

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Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Visit OFIR online at: www.michigan.gov/ofir Phone OFIR toll-free at: 1-877-999-6442

Initial Application for Debt Management License

Applicant's Name		Firm's Fiscal Year End	
Applicant's Home Office Address		Firm's Web Address	
City	State	ZIP Code	Telephone Number ()
Contact Person	Title	E-Mail Address	Fax Number ()

ADDITIONAL OFFICES (Attach additional page(s), if necessary)

ADDRESS	PHONE NUMBER	MANAGER
	()	
	()	
	()	
	()	
	()	

Type of Business Entity (check one only):

Sole Proprietorship. Give name and home address.

Partnership. Attach list of partners, showing names, home addresses, and whether general or limited partner.

Corporation. Attach a list of officers, members and directors, showing names, home addresses, position held and percentage of interest held directly or otherwise.

Limited Liability Company or Unincorporated Association. Attach a list of members, giving names, home addresses, positions held and percentage of interest held directly or otherwise.



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Indicate whether the applicant, its general partners, members or managers or any of the officers or directors:

(Note: This question does not apply to directors or their equivalent if he or she does not receive a salary, stock dividend, or other financial benefit from the corporation or equivalent entity, other than reimbursement of the actual expenses incurred in carrying out the duties of a director of that corporation or equivalent entity.)

- YES NO 1. Has been convicted of a crime involving moral turpitude which includes forgery, embezzlement, obtaining money under false pretenses, larceny, extortion, conspiracy to default or any other like offenses.
- YES NO 2. Has been the subject of an order by the Office of Financial and Insurance Regulation for violating or failing to comply with a provision of the Act, Rules, or an Order promulgated or issued under the Act.
- YES NO 3. Has had a license to engage in the business of debt management revoked or suspended for any reason other than failure to pay the licensing fees in this state or in another state.
- YES NO 4. Has ever defaulted in the payment of money collected for others including the discharge of debts through bankruptcy proceedings.
- YES NO 5. Is associated with any other debt management business entity. If yes, please give the name and address of the business on Schedule A.
- YES NO 6. Is operating a collection agency or affiliated with one. If yes, please give the name and address of the agency on Schedule A.
- YES NO 7. Is at least 18 years of age and a citizen of the United States.
- YES NO 8. Is a partnership, corporation, limited liability company or association which has not been granted a certificate of authority to do business in this state.
- YES NO 9. Is engaged in any other business professions besides debt management. If yes, state nature and locations on Schedule A.

If you have answered "yes" to any of the above, please attach complete details.

The undersigned, _____, being first duly sworn, deposes and says: That I have executed the following application for and on behalf of the applicant named therein; that I am _____

(Officer, Partner, Member or Sole Proprietor)

of such applicant and fully authorized to execute and file such application; that I am familiar with such application; and that to the best of my knowledge, information and belief the statements made in such application are true and the documents submitted therewith are true copies of the originals thereof.

It is fully understood by me that any misrepresentation or false statements or fraud in or in connection with this application shall be cause for revocation of the license issued thereon, in addition to any other action and/or penalty to which I may be subject.

Date: _____

(Name of Applicant)

By: _____
(Signature and Title)

1975 PA 148 as amended requires submission of this form by applicants for a license to do business as a Debt Management company. Failure to complete and submit this form properly could result in denial, suspension or revocation of your license.

Debt Management Applicant's Consent to Service of Process

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned, _____, corporation, partnership, limited liability company, sole proprietor or other organized under the laws of the State of _____ for the purpose of complying with the Debt Management Act, P.A. 148 of 1975, as amended, does hereby irrevocably appoint the Commissioner of the Office of Financial and Insurance Regulation, and the successors in such office, as its attorney in the State of Michigan upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of or in connection with the debt management business or out of violation of the Debt Management Act; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court or competent jurisdiction and proper venue with the State by service of process upon said officer and shall be valid and binding as it service has been made upon the undersigned.

By _____	Title _____	Date _____
By _____	Title _____	Date _____

State of _____

County of _____

Subscribed and sworn to me before this _____ day of _____.

County of _____, State of _____.

My Commission expires _____

(Notary Public)

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Debt Management Employment List

Note: Complete a separate form for each branch office – Make copies as needed

Employee List for:

Firm Name	
Firm's Home Address	
Branch Office Address	
Branch Manager's Name	Branch Phone No.

Employee's Name/Address (List Alphabetically)	Title or Position	Date Employed as Counselor	Date Exam Passed

Signature of Officer, Partner, Member or Proprietor	Date
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Debt Management Act Business History Form

PLEASE NOTE: This form, along with three Affidavits of Character forms and a Fingerprint Card (available through OFIS by calling 1-877-999-6442) MUST be completed for each officer, director, partner, proprietor, member counselor, and office manager.

(Note: This form is not required to be completed by a director or its equivalent, if he/she does not receive a salary, stock dividend, or other financial benefit from the corporation or equivalent entity, other than reimbursement of the actual expenses incurred in carrying out the duties of a director of that corporation or equivalent entity.)

Make copies as needed.

Name					
Address					
Debt Management Firm				Position with this Firm	
Employment Date / /	Date Employed as Counselor (if applicable) / /	Part Time <input type="checkbox"/> YES <input type="checkbox"/> NO	Full Time <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Birth / /	U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO

Educational Institutions attended.

Institution	Address	Dates Attended	Year Completed or Degree

List your employment for the last five years starting with current position. Account for all time (if unemployed, disclose and provide dates).

Name of Employer and Complete Address	From	To	Position Held	Reason for leaving

List all home addresses for the past five years starting with present address.

Number and Street	City	State	From	To

Debt Management Act Business History Form

Answer each question. If you answer “yes” to any of the following, please attach complete details.

- YES** **NO** Have you been adjudicated as bankrupt or were you ever a partner, director, officer, member or manager of any firm or company which was adjudicated as bankrupt or for which a receiver was appointed wither during the time or within one year after you were connected with it?
- YES** **NO** Have you been the subject of receivership proceedings?
- YES** **NO** Have you made an assignment for the benefit of creditors?
- YES** **NO** Have you been convicted of a misdemeanor or a felony (excluding motor vehicle traffic misdemeanors)?
- YES** **NO** Have you been refused any license by the Office of Financial and Insurance Regulation or any other governmental body?
- YES** **NO** Have you had any license suspended or revoked?
- YES** **NO** Have you had application for license withdrawn?
- YES** **NO** Have you been charged in any suit with any fraudulent or dishonest acts in any transaction?
- YES** **NO** Have you been involved in any civil litigation arising out of the debt management business?
- YES** **NO** Have you defaulted in the payment of money collected for others?
- YES** **NO** Is there any litigation pending against either yourself or any firm or company of which you are now a partner, officer, director, member or manager?

Debt Management Act Business History Form

Describe the experience you have had in the business of debt management:

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

I do hereby certify that the above information is true and correct:

Signature	Date
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Debt Management Act Affidavit of Character

PLEASE NOTE: Submit three Affidavit of Character forms, along with a Business History Form, and a Fingerprint Card (available through OFIS by calling 1-877-999-6442) for each officer, director, partner, proprietor, member counselor, and office manager.

(Note: This form is not required to be completed by a director or its equivalent, if he/she does not receive a salary, stock dividend, or other financial benefit from the corporation or equivalent entity, other than reimbursement of the actual expenses incurred in carrying out the duties of a director of that corporation or equivalent entity.)

Make copies as needed

Applicant	
Debt Management Firm	Date of Submission

_____, after being first sworn, deposes and says:

That I am personally acquainted with the applicant, _____. I have known the applicant for a period of at least two (2) years and that applicant is of good moral character and that the reputation of the applicant for honesty and integrity is good.

Signature of Affiant	Date
Address	

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____

County of _____, State of _____

Notary Public

My Commission Expires _____

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Debt Management Financial Statement

DATED: _____

ASSETS

CURRENT ASSETS:

Cash		\$ _____
Marketable Securities		\$ _____
Accounts Receivable		
[Less Allowance for Doubtful Accounts of (\$ _____)]		\$ _____
Notes Receivable		\$ _____
Prepaid Expenses		\$ _____
Other Current Assets		\$ _____

TOTAL CURRENT ASSETS \$ _____

NON-CURRENT ASSETS:

Accounts Receivable Non-Current		
[Less Allowance for Doubtful Accounts of (\$ _____)]		\$ _____
Investment:	\$ _____	\$ _____
(Current Market Value)		(At Cost)

TOTAL NON-CURRENT ASSETS \$ _____

FIXED ASSETS:

Property and Equipment at Cost		\$ _____
Land	\$ _____	
Buildings	\$ _____	
Furniture & Fixtures	\$ _____	
Equipment	\$ _____	
Less Allowance for Depreciation	\$ _____	
Net Property & Equipment		\$ _____

TOTAL FIXED ASSETS \$ _____

OTHER ASSETS: (DESCRIBE FULLY IN NOTES TO FINANCIAL STATEMENTS)

Trust Account Balance \$ _____

TOTAL OTHER ASSETS \$ _____

TOTAL ASSETS \$ _____



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Debt Management Financial Statement

LIABILITIES		
CURRENT LIABILITIES		
Accounts Payable	\$ _____	
Notes Payable	\$ _____	
Due to Creditors from Trust Account	\$ _____	
Accrued Expenses	\$ _____	
Insurance & Taxes Payable	\$ _____	
Long-Term Debt (Current Portion)	\$ _____	
Other Current Liabilities		
TOTAL CURRENT LIABILITIES		\$ _____
LONG-TERM LIABILITIES:		
Long-Term Debt	\$ _____	
Less Current Portion	\$ _____	
Net Long-Term Debt	\$ _____	
Other Long-Term Liabilities	\$ _____	
TOTAL LONG-TERM LIABILITIES		\$ _____
TOTAL LIABILITIES		\$ _____

NET WORTH OR EQUITY		
NOTE: Complete only A or B		
A) Sole Proprietorship or Partnership complete this portion:		
Net Worth (Assets Less Liabilities)		\$ _____
B) Corporation complete this portion:		
Equity:		
a) Capital Stock (Par Value)	\$ _____	
Authorized	\$ _____	
Issued & Outstanding	\$ _____	
b) Donated Capital		\$ _____
c) Other		\$ _____
d) Retained Earnings: (Accumulated Deficit)		\$ _____
TOTAL EQUITY		\$ _____
TOTAL NET WORTH (FROM A or B)		\$ _____
TOTAL LIABILITIES AND NET WORTH OR EQUITY		\$ _____

Debt Management Employment Notification

COUNSELOR

I, _____ residing at _____
 (Name) (Number) (Street)

_____, has begun employment as a Michigan counselor with _____
 (City) (State) (Zip) (Firm Name)

_____, a licensee located at _____
 (Address and City)

effective _____.
 (Date)

Signature of Counselor	Date
------------------------	------

LICENSEE

I, _____, a/an _____
 (Name) (Officer, Partner, Member or Proprietor)

of _____, hereby state that the above named individual has begun employment as a
 (Firm Name)

Michigan counselor effective _____.
 (Date)

Signature of Licensee	By (Officer, Partner, Member or Proprietor)
Title	Date

NOTE: No confirmation of this employment will be sent to licensee. If the counselor is not eligible to transfer, your firm will be contacted.

Rule 11 of the Debt Management Rules requires submission of this form by applicants for a license to do business as a Debt Management company. Failure to complete and submit this form properly could result in denial, suspension or revocation of your license.

When complete, please mail to: OFIR PO Box 30220 Lansing MI 48909-7720	Our delivery address is: OFIR 611 W Ottawa St Lansing MI 48933-1020
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Debt Management Termination Notification

I, _____ residing at _____
 (Name) (Number) (Street)
 _____, heretofore in the employ of _____
 (City) (State) (Zip) (Firm Name)
 _____, a licensee, have terminated my connection with the said employer on _____
 _____, for the following reason: _____
 effective _____.
 (Date)

Signature of Counselor (If signature is not obtainable, please submit explanation.)	Date
---	------

LICENSEE

I, _____, a/an _____
 (Name) (Officer, Partner, Member or Proprietor)
 of _____, hereby state that the above named individual heretofore in our employ has
 (Firm Name)
 terminated his connection with us effective on _____ and I believe that the individual is/is not entitled to transfer. If
 (Date)
 you have answered in the negative, explain why: _____
 _____.

Signature of Licensee	By (Officer, Partner, Member or Proprietor)
Title	Date

NOTE: No confirmation of this termination will be sent.

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Alternative Bond In Lieu of Michigan Based Trust Account

Bond Number: _____

That _____
(Name of Firm or Person if Sole Proprietor)

operating as _____
(Name of Firm)

(State of Corporation, Partnership, Limited Liability Company, or Individual)

(List Complete Address of all Office covered by this Bond)

as Principal and _____, a Surety Company
authorized to transact business in Michigan, as surety, are held and firmly bound unto the People of the State of Michigan

in the penal sum of _____ lawful money of the United States, to be paid
to the people of the State of Michigan, for which payment will and truly be made, we bind ourselves and our heirs, executors,
administrators, personal representatives, and successors, jointly and severally, firmly by these presents.

WHEREAS, the said _____
(Name of Firm)

principal obligor herein, is filing herewith an application to the Michigan Office of Financial and Insurance Regulation for a license
to engage in the business of debt management at the office(s) listed above under the provisions of Act 148, Public Acts of 1975, as
amended; and

WHEREAS, Section 15(5) of said Act 148 provides, in part, as follows:

"If the trust account described in subsection (1) is maintained at a financial institution described in subsection (1) located
outside of this state, the licensee shall furnish a surety bond or irrevocable letter of credit to the people of the State of Michigan
in an amount equal to or exceeding 100% of the average amount of deposits held in the trust account from month to month and
in a form approved by the department."

NOW, THEREFORE, the condition of this obligation is such that if the said principal obligor herein shall faithfully account for all
monies collected upon accounts entrusted to him and his employees and agents, then this obligation shall be void, otherwise the
same shall be in full force and effect.

PROVIDED, HOWEVER, in no event shall the aggregate liability of the surety under this bond for any and all claims to one or
more claimants exceed the penal sum of this bond.

Alternative Bond In Lieu of Michigan Based Trust Account

Bond Number: _____

The Surety may at any time terminate its obligation hereunder by giving thirty (30) days written notice to said Principal and to the Michigan Office of Financial and Insurance Regulation, P.O. Box 30220, Lansing, MI 48909, in which event the liability of the Surety shall at the expiration of the said thirty (30) days cease and terminate, except as to such liability of the Principal occurring prior to the expiration of the said thirty (30) days. If the Surety provides 30 days notice of termination of the Bond, the Principal, if continuing in the debt management business, shall furnish a satisfactory new bond before the expiration of the said thirty (30) day period.

This bond becomes effective as of _____, _____, in support of the license(s) issued for the term ending December 31, _____.

IN WITNESS WHEREOF, the parties hereto have hereunto set our hands and affixed our seals this _____ day of _____, _____.

(Name of Firm) (Seal)

By _____
(Officer, Partner, Member, or Sole Proprietor)

(Seal)

BY _____

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