

## DEBT MANAGEMENT EMPLOYMENT NOTIFICATION

(This form is required pursuant to Rule 11 of the Debt Management Rules)

<b>COUNSELOR</b>	
I, _____ residing at _____	
(Name)	(Number) (Street)
_____, has begun employment as a Michigan counselor with _____	
(City) (State) (ZIP Code)	(Firm Name)
_____, a licensee located at _____	
(Address and City)	
effective _____	
(Date)	
Signature of Counselor	Dated

<b>LICENSEE</b>	
I, _____, a/an _____	
(Name)	( Officer, Partner, Member or Proprietor)
of _____, hereby state that the above named	
(Firm Name)	
individual has begun employment as a Michigan counselor effective _____	
(Date)	
Signature of Licensee	By (Officer, Partner, Member or Proprietor)
Title	Dated

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

### RETURN COMPLETED APPLICATION TO:

Office of Financial and Insurance Regulation  
 DPSP - Processing  
 P.O. Box 30224  
 Lansing, MI 48909



**Michigan Department of Labor & Economic Growth**

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

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