

Debt Management Act Business History Form

PLEASE NOTE: This form MUST be completed for each officer, director, partner, proprietor, and member.

(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	U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Birth / /
Address		Employment Date / /
Debt Management Firm		Position with this Firm

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

Name of Employer and Complete Address	Position Held	From		To	
		Month	Year	Month	Year

List all home addresses for the past ten years starting with present address. Attach additional pages in necessary.

Number and Street	City	State	From	To
				Present

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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 whether 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 Department of Insurance and Financial Services 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- YES** **NO** Have you had application for license withdrawn?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?

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Section 6 of the Debt Management Act requires the Director to evaluate the applicant's experience in the licensed area. Please describe below the experiences that helped to qualify you to work in the debt management industry. Attach additional pages as necessary, a resume may also be attached.

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

Signature	Date
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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.

When complete, please mail to:

DIFS - Consumer Finance
PO Box 30220
Lansing MI 48909-7720

Our delivery address is:

DIFS - Consumer Finance
530 W. Allegan Street, 7th Floor
Lansing MI 48933



Michigan Department of Insurance and Financial Services

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