

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 and Title (List Alphabetically)	Certified Provider	Date Employed as Counselor	*Date of Certification

Signature of Officer, Director, Partner, Proprietor or Member	Date
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*Submit copy of certification certificate from **Michigan** approved provider.

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.



Michigan Department of Insurance and Financial Services

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