



SECTION THREE: Not-For-Profit or Tax Exempt Yes No

If the Applicant is a not-for-profit entity or has tax-exempt status under 26 U.S.C. 501, provide a statement of the amount of compensation for the five (5) most highly compensated employees for each of the three (3) years immediately preceding the application or, if the applicant has not been in operation for the three (3) years preceding the application, for the period of the applicant's existence.

	Name of Employee	Year/Compensation	Year/Compensation	Year/Compensation
1.	_____	____/_____	____/_____	____/_____
2.	_____	____/_____	____/_____	____/_____
3.	_____	____/_____	____/_____	____/_____
4.	_____	____/_____	____/_____	____/_____
5.	_____	____/_____	____/_____	____/_____

SECTION FOUR: Trust Account

Provide information identifying all trust accounts required by § 47-18-5522 and an irrevocable consent authorizing the administrator to review and examine the trust accounts.

Name on the account: _____

Location of the account: _____

The account number: _____

The dollar value as of date of application: _____

Identify each person with access to the trust account:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

IRREVOCABLE CONSENT

The undersigned individual, _____ being an applicant for license as a debt management services provider in the State of Tennessee, does hereby irrevocably consent, stipulate and agree that Commissioner of Commerce and Insurance, or their designee, his/her successors, its attorney in the State of Tennessee; may review and examine all trust accounts maintained by the applicant.

Date



SECTION FIVE: Officer and Director Information

The name and home address of each officer and director of the applicant and each person that owns at least ten percent (10%) of the applicant.

Officer, Director, Owner Name: _____

Interest % _____

Home Address (*) _____

City	State	Zip Code
------	-------	----------

Officer, Director, Owner Name: _____

Interest % _____

Home Address (*) _____

City	State	Zip Code
------	-------	----------

Officer, Director, Owner Name: _____

Interest % _____

Home Address (*) _____

City	State	Zip Code
------	-------	----------

A description of any ownership interest of at least ten percent (10%) by a director, owner or employee of the applicant in: (A) Any affiliate of the applicant; or (B) Any entity that provides products or services to the applicant or any individual relating to the applicant's debt-management services.

Affiliate or other entity (Type): _____

Interest % _____

Name _____

Mailing Address _____

City	State	Zip Code
------	-------	----------

OR _____ Applicant has no other ownership interests.



SECTION SIX: Director Information

The names and addresses of all employers of each director during the ten (10) years immediately preceding the application. Applicant may attach a resume that contains the required information and incorporate by reference.

Years of Employment _____ Name _____

Mailing Address _____

City State Zip Code

Phone Number

Years of Employment _____ Name _____

Mailing Address _____

City State Zip Code

Phone Number

SECTION SEVEN: Jurisdiction Identification

Identify every jurisdiction in which, during the five (5) years immediately preceding the application: (A) The applicant or any of its officers or directors has been licensed or registered to provide debt-management services; or (B) Individuals have resided when they received debt-management services from the applicant.

Blank lines for jurisdiction identification

SECTION EIGHT: Applicant History

Provide a description of any material civil or criminal judgment or litigation, and any disciplinary administrative or enforcement action by a governmental agency, against the applicant, any officer, director, owner, agent or person with access to the required trust account.

Blank lines for applicant history



Debt Management Services Program
 500 James Robertson Parkway
 Nashville, TN 37243
 Tel: 615-741-1831 • Fax: 615-253-1692
<http://www.tn.gov/commerce/section/regulatory-boards>

SECTION NINE: Criminal Records Check

At the applicant's expense, the results of a state and national fingerprint-based criminal history records check conducted by the federal bureau of investigation (FBI) or the Tennessee bureau of investigation (TBI), covering every officer of the applicant and every employee or agent of the applicant who is authorized to have access to the trust account required by § 47-18-5522.

Customers have two easy ways to register for fingerprint processing with MorphoTrust USA. Payment of \$38 may be paid by money order at time of printing, or online, or by phone with a credit card.

On-line Registration

Available 24 hours a day, 7 days a week.

1. Go to www.identogo.com and choose Tennessee
2. Click Online Scheduling and choose English
3. Enter first and last name
4. Agency Name- Department of Commerce and Insurance
5. Applicant Type- Debt Management
6. Enter ORI number- TN920753Z

The rest should be fairly straight forward to schedule an appointment to be printed at an Identogo fingerprint site.

*** If mailing paper cards, when you get to the 'Appointment Details' page be sure to click Pay for Ink Card Submission.

Call Center Registration

Available Monday-Friday, 8am-430pm CST.

1. Call (855) 226-2937 and speak to a representative.
2. Be sure to have your Agency Information or ORI number handy when calling.
3. Representatives will collect required information and complete your registration.

List All Officers, Employees, or Agents that will be submitting criminal history record check because they have access to the trust account:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

SECTION TEN: Enclose the Following Documents

1. The applicant's financial statements, reviewed by a licensed accountant, for the year preceding the application. If the applicant claims nonprofit or tax exempt status, or if the applicant's business practices involve holding, accessing or directing the funds of an individual, the financial statements required by this part shall be audited by a licensed accountant.
2. A surety bond in the amount of fifty thousand dollars (\$50,000) which shall be in effect during the period of registration and for two (2) years after the provider ceases providing debt-management services to individuals in this state.
3. Evidence of insurance in the amount of two hundred fifty thousand dollars (\$250,000).
4. If the applicant has trust accounts, an identification of all trust accounts as required by T.C.A. § 47-18-5522 and an irrevocable consent authorizing the administrator to review and examine the trust accounts.
5. A certificate or other evidence showing current accreditation from a third-party agency approved by the Financial Counseling Association of America (FCAA.org), formerly known as the Association of Independent Consumer Credit Counseling Agencies (AICCCA)).
6. A description of the three (3) most commonly used educational programs that the applicant provides or intends to provide to individuals who reside in this state and a copy of any materials used or to be used in those programs.
7. Evidence that, within twelve (12) months after initial employment, each of the applicant's counselors becomes certified as a certified counselor or certified debt specialist.
8. A description of the applicant's financial analysis and initial budget plan, including any form or electronic model, used to evaluate the financial condition of individuals.
9. A copy of each form of agreement that the applicant will use with individuals who reside in this state and the notice of right to cancel as provided in T.C.A. § 47-18-5520.
10. The schedule of fees and charges that the applicant will use with individuals who reside in this state.

SECTION ELEVEN: Affidavit

State or Province of _____ County of _____

I, the undersigned, swear or affirm that:

1. I have carefully read this application for a Debt Management Services License, including all attachments and forms. The information contained herein is the product of a diligent and reasonable investigation and is true, accurate and complete to the best of my information and belief;
2. I am a high managerial agent of the Applicant acting with the authority of the Applicant; and
3. I understand that if I intentionally made a false statement in this application, or if someone else made a false statement that I know to be false, I may be subject to criminal prosecution.

Signature of Affiant

Printed Name of Affiant

Title of Affiant

Sworn of affirmed and subscribed to me before this _____ of _____,

_____.

Notary Public

My Commission Expires: _____



Debt Management Services Program
 500 James Robertson Parkway
 Nashville, TN 37243
 Tel: 615-741-1831 • Fax: 615-253-1692
<http://www.tn.gov/commerce/section/regulatory-boards>

CORPORATE ACKNOWLEDGEMENT

State or Province of _____
 County of _____

On this _____ day of _____, _____, before me
 _____ the undersigned officer, personally
 appeared _____ known personally to
 me to be the _____ (title) of the above named corporation and
 acknowledged that he/she, as an officer being authorized so to do, executed the foregoing
 instrument for the purposes therein contained, by signing the name of the corporation by himself
 as an officer.

IN WITNESS WHEREOF I have hereunto set my hand and official Seal

 Notary Public
 My Commission Expires: _____

INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGMENT

State or Province of _____
 County of _____

On this _____ day of _____, _____, before me
 _____ the undersigned officer, personally
 appeared _____ to me personally known and
 known to me to be the same person(s) whose name(s) is (are) signed to the foregoing instrument,
 and acknowledged the execution thereof for the uses and purposes therein set forth.

IN WITNESS WHEREOF I have hereunto set my hand and official Seal

 Notary Public
 My Commission Expires: _____