

**UNIFORM DEBT-MANAGEMENT SERVICES FORM
FORM MU1-DMS INSTRUCTIONS**

A. GENERAL INSTRUCTIONS

1. **FILING** – Form MU1-DMS is the **Uniform Debt-Management Services Business License Application**. Any *Applicant* for a Debt-Management Services business license may apply to *jurisdictions* that have adopted the Uniform Application using Form MU1-DMS. An *Applicant* must also refer to *jurisdiction*-specific requirements published by each *jurisdiction* in which it is applying.
2. **FILING BY APPLICANT LICENSED OR REGISTERED IN ANOTHER STATE** – If an *Applicant* holds a license/registration in another state authorizing it to provide *debt-management services*, it may submit a copy of that license or registration certificate and the application for it instead of Form MU1-DMS if;
 - (i) The application in the other state contains information substantially similar to or more comprehensive than the information required by this Form MU1-DMS; and
 - (ii) The *Applicant*, under oath or certified under the penalties of perjury, certifies that the information contained in the application is current, or to the extent it is not current, supplements the application to make the information current.
3. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
4. **EXECUTION** – The execution section must be completed by an authorized representative of the *Applicant*.
5. **DATES** – The filing date is the date *Applicant* submits this form to the *jurisdiction(s)*. The desired effective date is the date *Applicant* would like this license/registration or amendment to become effective. Review published *jurisdiction*-specific requirements for effective date expectations.
6. **AMENDMENTS** – The *Applicant* must update information as required in each applicable *jurisdiction* by submitting amendments using Form MU1-DMS. Circle (or otherwise identify) and complete the item(s) being amended as well as the name of the *Applicant* and license number where applicable. The original license/registration document must be submitted with the amended Form MU1-DMS if a change is being made to information on the license/registration.
7. **CONTACT EMPLOYEE** – The individual listed as the contact employee must be authorized to receive all compliance and licensing information, communications, and mailings, and be responsible for disseminating it within the *Applicant's* organization.
8. **SURRENDER / CANCEL**– When an *Applicant* decides to cease operations under the license/registration, use the Form MU1-DMS to notify *jurisdiction(s)* by checking the “Surrender/Cancel” box and completing only items 1A, 2, and 3 (indicate specific *jurisdiction(s)* in which *Applicant* is ceasing operations). Send the original license/registration document (if any was issued) to the *jurisdiction(s)*. A Final Annual Report would then have to be filed within thirty (30) days of the filing of the notice of surrender of the license/registration.

B. FILING INSTRUCTIONS

1. FORMAT

- A. Submit a fully completed Form MU1-DMS to each *jurisdiction* when the *Applicant* is filing for the first time. The *Applicant* should review published *jurisdiction*-specific requirements for additional instructions.
- B. For the initial Form MU1-DMS filing, the Execution section must include notarized original manual signature.
- C. Type all information.
- D. Use only the current version of Form MU1-DMS and its Schedules or a reproduction of them.

2. **ATTACHMENTS** – Provide the following:

- A. Review published *jurisdiction*-specific instructions concerning attachments in PDF or alternative formats.
- B. File Schedules A and B only with initial applications. Use Schedule C to update Schedules A and B as needed.
- C. Provide the name, full delivery address, and telephone number of the registered agent for service of legal process. A Power of Attorney, pursuant to R. I. Gen. Laws § 19-14-10, on the form provided naming the attorney for the service of process as shown on question number 10 and a \$25 filing fee. (*CORPORATIONS THAT HAVE COMPLIED WITH THE PROVISIONS OF CHAPTER 1.1 OF TITLE 7, AND LIMITED PARTNERSHIPS OR LIMITED LIABILITY COMPANIES THAT HAVE COMPLIED WITH THE PROVISIONS OF CHAPTERS 13 AND 16, RESPECTIVELY, OF TITLE 7, ARE EXEMPT FROM THE POWER OF ATTORNEY FILING.*)
- D. File a Form MU2 for each individual designated on Schedules A or C as a *control person*.
- E. The following fees apply to amendments to a license/registration:
 - i. Name Change - \$150 and an additional \$50 for each branch location;
 - ii. Address Change - \$250
- F. Rhode Island requires a supplement Fictitious Name Statement from the appropriate City, Town, County, or State authority if a fictitious, trade or “doing business as” name will be used.
- G. If the *Applicant* is a corporation, enclose a copy of the Articles of Incorporation, including amendments, as well as a Certificate of Good Standing issued by the domestic state.
- H. If the *Applicant* is a limited liability company (LLC), enclose a copy of the Articles of Organization and operating agreement as well as a Certificate of Good Standing issued by the domestic state.
- I. If the *Applicant* is a partnership of any form, enclose a copy of the partnership agreement. If the *Applicant* is a limited partnership, enclose a Certificate of Good Standing issued by the domestic state.
- J. If the *Applicant* is a sole proprietorship, review published *jurisdiction*-specific instructions for additional requirements.
- K. *Applicant* shall complete and file a Form MU3-DMS for any branch office locations at which the Rhode Island activity will be conducted.

3. **FINANCIAL RESPONSIBILITY** – Review published *jurisdiction*-specific requirements in which the *Applicant* is applying to determine requirements for financial responsibility. These may include the submission of financial statements, surety bond(s), minimum net worth, or other documentation.

4. **JURISDICTION-SPECIFIC REQUIREMENTS** – Review published *jurisdiction*-specific instructions from each *jurisdiction* in which the *Applicant* is applying for a list of requirements unique to the *jurisdiction(s)*, including applicable fees, records retention, etc.

C. **EXPLANATION OF TERMS** – The following terms are italicized throughout Form MU1-DMS

1. **GENERAL**

APPLICANT – The Person applying or amending information on this form. The only instance in which the *Applicant* is an individual is in the case of a sole proprietorship.

CONTROL – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or executive officer; (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; (iii) in the case of an LLC, Managing Member; or (iv) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

CERTIFIED COUNSELOR – An individual certified by a training program or certifying organization, approved by the Director, that authenticates the competence of individuals providing education and assistance to other individuals in connection with Debt-Management Services.

C. **EXPLANATION OF TERMS** - continued

CONTROL PERSON – A Person named in Schedules A, B, or C that directly or indirectly exercises control over the *Applicant*.

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

PERSON – An individual, partnership, corporation, trust, LLC or other organization.

DEBT MANAGEMENT SERVICES – Services as an intermediary between an individual and one or more creditors of the individual for the purpose of obtaining concessions but does not include:

- a) Legal services provided in an attorney-client relationship by an attorney licensed or otherwise authorized to practice law in this state;
- b) Accounting services provided in an accountant-client relationship by a certified public accountant licensed to provide accounting services in this state; or
- c) Financial-planning services provided in a financial planner-client relationship by a member of a financial-planning profession whose members the Director, by rule, determines are
 - (i) Licensed by this state;
 - (ii) Subject to a disciplinary mechanism;
 - (iii) Subject to a code of professional responsibility; and
 - (iv) Subject to a continuing-education requirement.

DIRECTOR – The Director of the Department of Business Regulation or said director's designee.

PROVIDER - a person that provides, offers to provide, or agrees to provide debt-management services directly or through others.

TRUST ACCOUNT – an account held by a provider that is:

- (a) Established in a federally-insured bank (bank as defined in R. I. Gen. Laws § 19-14.8-2(4));
- (b) Separate from other accounts of the provider or its designee;
- (c) Designated as a trust account or other account designated to indicate that the money in the account is not the money of the provider or its designee; and
- (d) Used to hold money of one or more individuals for disbursement to creditors of the individuals.

2. **FOR THE PURPOSE OF ITEM 8**

CHARGED – Being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).

CONTROL AFFILIATE – A partnership, corporation, trust, LLC, or other organization that directly or indirectly *controls*, or is *controlled* by, the *Applicant*.

ENJOINED – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

FELONY – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

FINANCIAL SERVICES OR FINANCIAL SERVICES RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to; acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, real estate salesperson or agent, closing agent, title company, or escrow agent).

C. **EXPLANATION OF TERMS** – continued

FOREIGN FINANCIAL REGULATORY AUTHORITY – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.

FOUND – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

INVOLVED – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing to reasonably supervise another in doing an act or omission.

MISDEMEANOR – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

ORDER – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.

PROCEEDING – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

**FORM
MU1-
DMS**

UNIFORM DEBT-MANAGEMENT SERVICES FORM

DEBT MANAGEMENT SERVICES PROVIDER

Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____

License Number information (if applicable) is optional. Use additional sheets if necessary.

License #	Jurisdiction	License #	Jurisdiction
License #	Jurisdiction	License #	Jurisdiction

License #	Jurisdiction
License #	Jurisdiction

- NEW APPLICATION AMENDMENT *To amend, circle or identify item(s) being amended.*
 SURRENDER/CANCEL OTHER *(review jurisdiction-specific instructions)*

1. Exact name, principal business address, mailing address, if different, and telephone numbers of *Applicant*:
 (A) Full name of *Applicant* (sole proprietors provide last, first, and full middle name) (B) IRS Employer Identification Number (Social Security Number is allowed for sole proprietorship)

(C) (1) Name under which business primarily is or will be conducted, if different from Item 1A: _____
 (2) List any other name(s) by which the *Applicant* conducts or will conduct business and the *jurisdiction(s)* in which they are or will be used (Use additional sheets as necessary).

1. Name	Jurisdiction	2. Name	Jurisdiction
3. Name	Jurisdiction	4. Name	Jurisdiction

(D) **For amendments only:** If this filing reports the *Applicant's* name has changed, specify whether the name change is of the *Applicant* name (1A) or business name (1C1)?
 Enter the old name above and new *Applicant* name here _____ or new business (trade/dba) name here _____

(E) Main address: (Do not use a P.O. Box)(If *Applicant* will not provide debt-management services from an office in Rhode Island, provide a statement in addition to this address that the services will not be provided at a location in Rhode Island)

_____ Number & Street _____ City _____ State / Province & Country _____ Zip+4 / Postal Code

(F) Mailing address, if different from Main address:

_____ PO Box or Number & Street _____ City _____ State / Province & Country _____ Zip+4 / Postal Code

(G) Telephone Numbers and Website:

() - _____ ext _____ () - _____
 Business Phone Fax Line Website address e-mail address (optional)

(H) Other than the office in 1E, does the *Applicant* conduct business with consumers through branch offices or other business locations? YES NO
 (branch offices or other business locations must be reported or approved. Use Form MU3-DMS.)

EXECUTION: The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said *Applicant* and agrees to and represents the following:

- That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete;
- To the extent any information previously submitted is not amended such information is currently accurate and complete;
- That the *jurisdiction(s)* to which an application is being submitted may conduct any investigation in accordance with state law, into the background of the *Applicant* for purposes of issuing the subject licenses;
- To keep the information contained in this form current and to file accurate supplementary information on a timely basis;
- To keep accurate books and records or otherwise comply with the provisions of law pertaining to the conduct of business for which the *Applicant* is applying.

_____ Date (MM/DD/YYYY)

Signed or attested before me: _____

Print Notary Public name

_____ Signature of *Applicant's* representative

By _____

Print *Applicant's* representative name

Notary seal here

on this _____ day of _____,

Date _____ Month _____

_____ at _____

Year _____ State _____ County _____

_____ Notary Public signature

_____ Notary Appointment Expires (MM/DD/YYYY)

***This execution must always be completed in full with original, manual signature and notarization.
 Affix notary stamp or seal where applicable.***

2. Contact information for Applicant:

(A) Contact Employee:

_____	() _____ - _____ ext _____	() _____ - _____	_____
Name and Title	Business Phone	Fax Line	e-mail address
_____	_____	_____	_____
PO Box or Number & Street	City	State / Province & Country	Zip+4 / Postal Code

(B) Employee authorized to respond to consumer complaints:

_____	() _____ - _____ ext _____	() _____ - _____	_____
Name and Title	Business Phone	Fax Line	e-mail address
_____	_____	_____	_____
PO Box or Number & Street	City	State / Province & Country	Zip+4 / Postal Code

(C) Physical address of location where the official books and records of the Applicant will be kept. Consult each jurisdiction for specific records retention requirements.

_____	() _____ - _____ ext _____	() _____ - _____	_____
Records Custodian Name	Business Phone	Fax Line	e-mail address
_____	_____	_____	_____
Number & Street	City	State / Province & Country	Zip+4 / Postal Code

3. Enter appropriate number(s) in the box(es) for each jurisdiction:
 Use the **DMSP** to indicate Debt Management Service Provider:
 Enter "1" if Applicant is newly applying in that jurisdiction
 Enter "2" if Applicant has a pending application in that jurisdiction
 Enter "3" if Applicant is already licensed/registered in that jurisdiction
 Enter "4" if Applicant is surrendering/canceling in that jurisdiction
 Enter "5" if Applicant was formerly licensed/registered in that jurisdiction.
 Enter "6" if Applicant has provided debt-management services to an individual residing in that jurisdiction.

	DMSP				DMSP				DMSP				DMSP		
Alabama				Idaho				Montana				Rhode Island			
Alaska				Illinois				Nebraska				South Carolina			
Arizona				Indiana				Nevada				South Dakota			
Arkansas				Iowa				New Hampshire				Tennessee			
California – DOC				Kansas				New Jersey				Texas – OCCC			
California – DRE				Kentucky				New Mexico				Texas – SML			
Colorado				Louisiana				New York				Utah			
Connecticut				Maine				North Carolina				Vermont			
Delaware				Maryland				North Dakota				Virginia			
District of Columbia				Massachusetts				Ohio				Washington			
Florida				Michigan				Oklahoma				West Virginia			
Georgia				Minnesota				Oregon				Wisconsin			
Guam				Mississippi				Pennsylvania				Wyoming			
Hawaii				Missouri				Puerto Rico							

Applicant full legal name: _____

4. State Specific Required Information (as specified in R. I. Gen. Laws §19-14.8-6).

(A) Applicant shall file a completed Schedule E, Uniform Debt-Management Services Act Accreditation.

(B) Applicant shall file a completed Schedule E-cc, Uniform Debt-Management Services Act Certification for each individual credit counselor employee.

(C) Applicant shall provide a description of the three (3) most commonly used educational programs that the Applicant provides or intends to provide to individuals who reside in Rhode Island and a copy of any materials used to be used in those programs.

(D) Applicant shall provide a description of its financial analysis and initial budget plan, including any form or electronic model, used to evaluate the financial condition of individuals.

(E) Applicant shall provide copies of each form or agreement that it will use with individuals who reside in Rhode Island along with evidence that the form and/or agreement complies with R. I. Gen. Laws § § 19-14.8-19, 19-14.8-20 & 19-14.8-21, as amended.

(F) Applicant shall provide a schedule of fees and charges that it will use with individuals who reside in Rhode Island.

(G) Applicant shall provide a description of any ownership interest of at least ten percent (10%) by a director, owner, or employee of the Applicant in: (i) any affiliate of the Applicant or (ii) any entity that provides products or services to the Applicant or any individual relating to the Applicant's debt-management services.

(H) Applicant shall provide a statement of the amount of compensation of the Applicant's five (5) most highly compensated employees for each of the three (3) years immediately preceding the Application, or if it has not been in operation for three (3) years preceding the Application, for the period in existence.

(I) Applicant shall provide the identity of each director who is an affiliate, as defined in R. I. Gen. Laws § 19-14.8- 2(2)(A) or (B)(i), (ii), (iv), (v), (vi), or (vii) of the Applicant.

5. (A) Will Applicant engage in any non-debt-management services?

If "yes" briefly describe. _____

YES **NO**

(B) Will Applicant occupy or share space with any person(s) engaged in any business other than debt-management services?

If "yes," provide the name(s) of the other person(s). _____

YES **NO**

6. (A) Indicate legal status of Applicant.

Corporation Sole Proprietorship Other (specify) _____
 Partnership Limited Liability Company

(B) Applicant's fiscal year end (MM/DD): _____

(C) If other than a sole proprietorship, indicate date and place Applicant obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where Applicant entity was formed):

State/Province & Country of formation: _____ Date of formation (MM/DD/YYYY): _____

(D) If Applicant is a publicly traded corporation, please insert stock symbol: _____

Applicant full legal name: _____

7. (A) Directly or indirectly, does *Applicant control* or is *Applicant* under common *control* with, any person that is engaged in the business of a debt-management services? YES NO
If no, go to item 7(B).

If yes, complete information below for each relationship. In the "Control Relationship" Column", enter "S" if the *Applicant controls* the entity (subsidiary) and "A" if the *Applicant* is under common *control* with the entity (affiliate). Attach additional sheets as necessary.

Name of Partnership, Corporation, or Organization	Number and Street	City	State/Province	Zip + 4/Postal Code	Control Relationship

Briefly describe *control* relationship(s), including an organizational chart which shows the relationship(s). Use additional sheets for comments if necessary.

(B) Directly or indirectly, is *Applicant controlled* by any of the following? If no, go to item 8. YES NO
 Bank Holding Company National Bank Savings Association/Savings Bank
 Credit Union Foreign Bank Thrift Holding Company
 State Member Bank of the Federal Reserve System State Non-Member Bank

_____ Financial Institution Name

_____ City _____ State/Province _____ Country _____ Zip+4/Postal Code

_____ Number and Street

Briefly describe the *control* relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary.

Schedule A (direct owners) and, if applicable, Schedule B (indirect owners) must be completed as part of all initial applications. Amendments to schedules A and B must be provided on Schedule C as changes occur.

Applicant full legal name: _____

<p>8. If the answer to any of the following is "YES", provide complete details of all events or <i>proceedings</i> in an attachment, including as applicable; name and location of court, docket or case number, and status and summary of event or <i>proceeding</i>; copies of applicable charge(s), order(s), and/or consent agreement(s). Refer to the explanation of terms section of the form MU1 instructions for explanations of italicized terms. Remember to file updates of these disclosures as needed.</p>		
Criminal Disclosure		
(A) Has the <i>Applicant</i> or a <i>control affiliate</i> ever:	YES	NO
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been <i>charged</i> with any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(B) In the past ten years has the <i>Applicant</i> or a <i>control affiliate</i> :	<input type="checkbox"/>	<input type="checkbox"/>
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: financial services or a financial services-related business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?</i>	<input type="checkbox"/>	<input type="checkbox"/>
(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 8(B)(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Action Disclosure		
(C) In the past ten years, has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> :	<input type="checkbox"/>	<input type="checkbox"/>
(1) <i>found</i> the <i>Applicant</i> or a <i>control affiliate</i> to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(2) <i>found</i> the <i>Applicant</i> or a <i>control affiliate</i> to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) <i>found</i> the <i>Applicant</i> or a <i>control affiliate</i> to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an <i>order</i> against the <i>Applicant</i> or a <i>control affiliate</i> in connection with a <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(5) denied, suspended, or revoked the <i>Applicant's</i> or a <i>control affiliate's</i> registration or license or otherwise, by <i>order</i> , prevented it from associating with a <i>financial services-related</i> business or restricted its activities?	<input type="checkbox"/>	<input type="checkbox"/>
(D) Has the <i>Applicant's</i> or a <i>control affiliate's</i> authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
(E) Is the <i>Applicant</i> or a <i>control affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 8(C)?	<input type="checkbox"/>	<input type="checkbox"/>
Civil Judicial Disclosure		
(F) (1) Has any domestic or foreign court:	<input type="checkbox"/>	<input type="checkbox"/>
(a) in the past ten years <i>enjoined</i> the <i>Applicant</i> or a <i>control affiliate</i> in connection with any <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(b) in the past ten years <i>found</i> the <i>Applicant</i> or a <i>control affiliate</i> to be in violation of any <i>financial services-related</i> statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(c) in the past ten years dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against the <i>Applicant</i> or <i>control affiliate</i> by a State or <i>foreign financial regulatory authority</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Is the <i>Applicant</i> or a <i>control affiliate</i> named in any pending <i>financial services-related</i> civil action that could result in a "yes" answer to any part of 8(F)(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Financial Disclosure		
(G) In the past ten years has the <i>Applicant</i> or a <i>control affiliate</i> been a provider or a <i>control affiliate</i> of a provider that has been the subject of a bankruptcy petition?	<input type="checkbox"/>	<input type="checkbox"/>
(H) Has a bonding company ever denied, paid out on, or revoked a bond for the <i>Applicant</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(I) Does the <i>Applicant</i> have any unsatisfied judgments or liens against it?	<input type="checkbox"/>	<input type="checkbox"/>

9. Form Fee and Accompanying Documents (as specified in R. I. Gen. Laws § 19-14.8-5).

- (A) *Applicant* shall pay an *Application* fee of: **ONE HUNDRED DOLLARS (\$100.00)**.
- (B) *Applicant* shall file an original bond **using the enclosed bond form** issued by a bonding, surety, or insurance company authorized to do business in Rhode Island and rated at least "A" by a nationally recognized rating organization: and:
- (i)
 - (a) 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; and run to this state for the benefit of this state and of individuals who reside in this state when they agree to receive debt-management services from the provider, as their interests may appear.
 - (b) Subject to adjustment of the dollar amount pursuant to subsection 19-14.8-32(f), the surety bond must:
 - (1) Be in the amount of **fifty thousand dollars (\$50,000)** or other larger or smaller amount that the Director determines is warranted by the financial condition and business experience of the provider, the history of the provider in performing debt-management services, the risk to individuals, and any other factor the Director considers appropriate;
 - (2) Be issued by a bonding, surety, or insurance company authorized to do business in this state and rated at least "A" by a nationally recognized rating organization; and
 - (3) Have payment conditioned upon noncompliance of the provider or its agent with this chapter.
 - (ii) If the principal amount of a surety bond is reduced by payment of a claim or a judgment, the provider shall immediately notify the Director and, within thirty (30) days after notice by the Director, file a new or additional surety bond in an amount set by the Director. The amount of the new or additional bond must be at least the amount of the bond immediately before payment of the claim or judgment. If for any reason a surety terminates a bond, the provider shall immediately file a new surety bond in the amount **of fifty thousand dollars (\$50,000)** or other amount determined pursuant to 9(B)(i)(b).
- (C) Instead of the surety bond required by 9(B), *Applicant* may file in the amount required by 9(B)(i)(b), and except as otherwise provided in 9(C)(i) below, payable or available to the State of Rhode Island and to individuals who reside in the State of Rhode Island:
- (i) A certificate of insurance issued by an insurance company authorized to do business in the State of Rhode Island and rated at least "A" by a nationally recognized rating organization, with not deductible; or
 - (ii) With the approval of the Director:
 - (a) An irrevocable letter of credit, issued or confirmed by a bank approved by the Director, payable upon presentation of a certificate by the Director stating that the provider or its agent has not complied with the provisions of R. I. Gen. Laws § 19-14.8-1 *et seq.*; or
 - (b) Bonds or other obligations of the United States or guaranteed by the United States or bonds or other obligations of the State of Rhode Island or a political subdivision of the State of Rhode Island, to be deposited and maintained with a bank approved by the Director for this purpose.
- If an *Applicant* furnishes a substitute pursuant to this subsection (C), the enclosed **Substitute Bond Form** must be completed in triplicate and filed with the Application, and the provisions of subsections § 19-14.8-13(a), (c), (d), and (e) apply to the substitute.
- (D) *Applicant* shall provide an identification of all trust accounts required by R. I. Gen. Laws § 19-14.8-22 and an irrevocable consent authorizing the Director to review and examine the trust accounts.
- (E) *Applicant* shall file evidence of insurance in the amount of **two hundred fifty thousand dollars (\$250,000)**:
- (i) Against the risks of dishonesty, fraud, theft, and other misconduct on the part of the *Applicant* or a director, employee, or agent of the *Applicant*;
 - (ii) Issued by an insurance company authorized to do business in this state and rated at least "A" by a nationally recognized rating organization;
 - (iii) With no deductible;
 - (iv) Payable to the *Applicant*, the individuals who have agreements with the *Applicant*, and this state, as their interests may appear; and
 - (v) Not subject to cancellation by the applicant without the approval of the Director.
- (F) If the *Applicant* is a foreign corporation, *Applicant* shall file proof that it holds a certificate of authority to conduct affairs in the State of Rhode Island, as require by R. I. Gen. Laws Title 7, Chapter 6, as amended.
- (G) If the *Applicant* is a not-for-profit entity or is exempt from taxation, *Applicant* shall file evidence of not-for-profit and tax-exempt status applicable to the *Applicant* under the Internal Revenue Code, 26 U.S.C. § 501, as amended. With respect to an *Applicant* that is organized as a not-for-profit entity or has obtained tax-exempt status under the Internal Revenue Code, 26 U.S.C. § 501, the *Applicant* 's **must demonstrate that its board of directors are independent of the Applicant's employees and agents**. Subject to adjustment of the dollar amount pursuant to subsection 19-14.8-32(f), a board of directors is not independent if more than one- fourth (1/4) of its members:
- (1) Are affiliates of the *Applicant*, as defined sections 19-14.8-2(2)(a) or 19-14.8-2(2)(b)(i), (ii), (iv), (v), (vi), or (vii); or
 - (2) After the date ten (10) years before first becoming a director of the *Applicant*, were employed by or directors of a person that received from the *Applicant* more than twenty-five thousand dollars (\$25,000) in either the current year or the preceding year.

10. Agent for Service of Process.

Name:

Address:

_____ Number & Street

_____ City

_____ State / Province & Country

_____ Zip+4 / Postal Code

Telephone Numbers and Website:

() - ext Business Phone

() - Fax Line

_____ Website address

_____ e-mail address (optional)

11. Additional Representations of Applicant.

In signing this Application, the Applicant attests to the fact that, as a condition of licensing/registration, the Applicant agrees to the following:

- (A) That it has obtained and reviewed copies of all applicable state and federal regulations and statutes governing the proposed business activity.
- (B) That any licensee/registrant who maintains its records in an out-of-state office will pay all examiners' expenses incurred in order to conduct an examination of the books and records at said out-of-state facility, in addition to any examination fees allowed by statute.
- (C) That there is no statutory provision for an "inactive" license. Any licensee whose license has not been surrendered or revoked shall be subject to all provisions of statute and regulations, which are applicable to a licensee.
- (D) That it shall comply with all statutory reporting and filing requirements and that all examination and filing fees will be paid.
- (E) That any written or oral advertisement or representation disseminated primarily in this state shall disclose the type of license held.
- (F) Applicant further attests to the fact that Applicant has read Banking Bulletin Number 2003-2 (found at www.dbr.ri.gov) entitled Prohibited Net Branches & Net Branching Arrangements and that Applicant does not and will not transact the business under the license/registration requested by this application in any manner which would involve either a net branch or a net branch arrangement, as defined in said Banking Bulletin Number 2003-2.

12. Obligation to Update Application (as specified in part in R. I. Gen. Laws § 19-14.8-7).

An Applicant or registered provider shall notify the Director within ten (10) days after a change in the information specified in:

- (A) 1(A), 1(E), 1(F), 1(G), 1(H), 4(A), 4(B), 4(E), 4(F), 8, 9(E), & 9(G) of Form MU1-DMS;
- (B) Schedule A of Form MU1-DMS;
- (C) Schedule B of Form MU1-DMS; and
- (D) 8 of Form MU2-DMS.

**Schedule A
DIRECT OWNERS AND
EXECUTIVE OFFICERS**

Applicant full legal name: _____

Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____

1. Use Schedule A only in new applications to provide information on the **direct** owners, executive officers and designated manager of either the main office or a branch office of the *Applicant*. Use Schedule B in new applications to provide information on **indirect** owners. File all amendments on Schedule C. **Complete each column.**

2. List below the names of:

- (a) each executive officer, including President, Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer, director, and individuals with similar status or functions;
- (b) each *control person*
- (c) in the case of an *Applicant* that is a corporation, each shareholder that directly owns 10% or more of a class of a voting security of the *Applicant*, unless the *Applicant* is a publicly traded company;
 Direct owners include any *person* that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 10% or more of a class of a voting security of the *Applicant*. For purposes of this Schedule, a *person* beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security.
- (d) in the case of an *Applicant* that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 10% or more of the partnership's capital;
- (e) in the case of a trust that directly owns 10% or more of a class of a voting security of the *Applicant*, or that has the right to receive upon dissolution, or have contributed, 10% or more of the *Applicant's* capital, the trust and each trustee;
- (f) in the case of an *Applicant* that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 10% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers; and
- (g) each employee or agent of the *Applicant* who is authorized to have access to the trust account required by R. I. Gen. Laws § 19-14.8-22.

3. Are there any indirect owners of the *Applicant* required to be reported on Schedule B? Yes No

4. Complete the "Title or Status" column by entering board/management titles; status as a partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of securities owned (if more than one is issued).

- 5. (a) In the "Control Person" column, enter "Yes" if the *person* has "control" as defined in the instructions to form MU1-DMS, and "No" if the *person* does not have control. Note that under this definition, most executive officers and all 10% owners, general partners, and trustees would be "control persons". For each "Yes" response, submit Control Persons Information on form MU2-DMS. The designated main or branch office manager must also submit Form MU2-DMS.
- (b) In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "N/A."

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Title or Status	% Ownership	Control Person (yes/no)	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID

Schedule D
FINANCIAL
RESPONSIBILITY

Applicant full legal name: _____

Date of filing (MM/DD/YYYY): _____

1. Use Schedule D in any applications that require financial information from the *Applicant*.
2. *Applicant* shall file financial statements, audited by an accountant licensed to conduct audits, for each of the two(2) years immediately preceding the *Application*, or if it has not been in operation for the two (2) years preceding the *Application*, for the period of its existence. All financial statements must be prepared in accordance with Generally Accepted Accounting Principles.
3. *Applicant* shall also file un-audited interim financial statements, dated not earlier than ninety (90) days immediately preceding the *Application*, prepared in accordance with Generally Accepted Accounting Principles.
4. Financial statements shall include a Statement of Financial Condition (Balance Sheet) and a Statement of Income and Expenses (Income Statement), each prepared in accordance with Generally Accepted Accounting Principles and attested to by an authorized officer of the *Applicant*.

Schedule E UNIFORM DEBT-MANAGEMENT SERVICES ACT ACCREDITATION	Applicant full legal name: _____ Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____	
Use Schedule E to evidence required accreditation of <i>Applicant</i> .		

R. I. Gen. Laws § 19-14.8-6(8) requires that an *Applicant* for a for a Debt-Management Services License include evidence of accreditation by an independent accrediting organization such as the Council on Accreditation or an organization as approved by the Director of the Department of Business Regulation.

An authorized representative of the accrediting organization must, sign, date, and confirm that the *Applicant* has achieved accreditation ON THIS FORM.

I hereby certify that _____
(insert name of Applicant)
 achieved accreditation as a *Credit Counseling Organization*.

Said *Applicant* was accredited on _____.
(insert month/date/year of accreditation)

Authorized Representative of Accrediting Organization: _____
(insert name of authorized representative)

Accrediting Organization: _____
(insert name and address of accrediting organization)

Notary seal here	Signed or attested before me: _____	Print Notary Public name
	on this _____ day of _____,	_____ at _____
	Date _____	Month _____ Year _____ State _____ County _____
	_____	Signature of authorized representative of accrediting organization
	Date (MM/DD/YYYY)	Notary Appointment Expires (MM/DD/YYYY)
	Notary Public signature	

Schedule E-cc
UNIFORM DEBT-MANAGEMENT
SERVICES ACT
CREDIT COUNSELOR
CERTIFICATION

Applicant full legal name: _____
 Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____

Schedule E-cc is to be filed with the Department within twelve (12) months after the initial employment of each of Applicant's credit counselors as evidence that each of certification of each of Applicant's credit counselors.

R. I. Gen. Laws § 19-14.8-6(9) requires that an each of Applicant's credit counselors become certified as a credit counselor by through a training program or certifying organization, such as The Council on Accreditation or such other organization as approved by the Director of the Department of Business Regulation, that authenticates the competence of individuals providing education and assistance to other individuals in connection with debt-management services.

An authorized representative of the training program or accrediting organization must, sign, date, and confirm that the credit counselor has achieved certification ON THIS FORM.

I hereby certify that _____
(insert name of credit counselor)

achieved Certification as a *Credit Counselor*.

Said Applicant was certified on _____
(insert month/date/year of certification)

Authorized Representative of Certifying Organization: _____
(insert name of authorized representative)

Certifying Organization: _____
(insert name and address of certifying organization)

Notary seal here	Signed or attested before me: _____	Print Notary Public name
	on this _____ day of _____, _____ at _____	
	Date _____	Month _____ Year _____ State _____ County _____
	_____	Signature of authorized representative of accrediting organization
	Date (MM/DD/YYYY)	Notary Appointment Expires (MM/DD/YYYY)
	Notary Public signature	

**RHODE ISLAND
DIVISION OF BANKING
1511 Pontiac Avenue, Bldg. 69-2
Cranston, Rhode Island 02920
Telephone (401) 462-9503 – Facsimile (401) 462-9559**

POWER OF ATTORNEY

\$25 FILING FEE REQUIRED

Know All Men by these Presents

That I _____ of the
(Person's Name)

City/Town of _____ in the
County of _____ and the State of _____

having applied to be licensed by the Division of Banking of the Department of Business Regulation in the State of Rhode Island and Providence Plantations as provided by the General Laws of Rhode Island as amended, do hereby make, constitute and appoint _____ of _____ in the City/Town of _____ **in the State of Rhode Island** my true and lawful attorney in the state of Rhode Island upon whom all lawful process in any action or proceeding against me may be served in like manner with the same legal force and effect as if I had been lawfully served with said process therein as provided by the laws of the State of Rhode Island; and said _____ such attorney, is hereby authorized and empowered as my said agent to receive and accept service of any process, writ, summons or order whereby any suit, action, or proceeding shall be commenced against me which is served on _____ shall have the same legal force and effect as if served on me with the State of Rhode Island. The authority given in this appointment shall continue in force so long as any liability to any resident of this state remains unsatisfied.

In Witness Whereof I have hereunto set my hand and seal on this _____ day of _____ 20____

Signature

In the presence of

2. WITNESS _____
2. WITNESS _____

State of _____
County of _____

At _____ in said County, on this _____ day of _____ 20____, before me personally appeared _____ and acknowledged the foreign instrument, by him sealed and subscribed, to be his free act and deed.

Before Me _____
(Notary Public)

NOTARY
SEAL

My Commission expires _____

Any Applicant which is a corporation that has complied with the provisions of Chapter 1.1 of Title 7, and any Applicant which is a limited partnership or limited liability company and has complied with the provisions of Chapters 13 and 16, respectively, of Title 7, is exempt from the submission of this Power of Attorney. Power of



**State of Rhode Island
Department of Business Regulation**



Division of Banking
1511 Pontiac Avenue, Bldg. 69-2, Cranston, Rhode Island 02920
Telephone: (401) 462-9503, Facsimile: (401) 462-9559

AUTHORIZATION FOR BACKGROUND CHECK AND RELEASE

Company Name _____

Address _____

City, State, Zip Code _____

I, _____
(Type or Print Full Name and Title)

Of _____
(Type or Print Residence Address, City, State, Zip Code)

having a date of birth of _____ and social security number of _____ hereby voluntarily direct and authorize the *Division of Banking* of the Department of Business Regulation to utilize the above information as part of its evaluation of my general character and financial condition. The information may be used for purposes of obtaining a credit report on me and/or may be shared with the Bureau of Criminal Identification of the Department of the Attorney General for the State of Rhode Island to make available to the Department of Business Regulation any criminal record or other disposition that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests there from, whatsoever against the State of Rhode Island, the Bureau of Criminal Identification, the Attorney General, the Department of Business Regulation, the employees of the Attorney General's Office and the employees and officials of the Department of Business Regulation in both law and equity which I may now have or in the future may have.

Upon submission of an application for licensure or a change in a licensee's officers, directors, manager or principal owner as defined in R. I. Gen. Laws § 19-14-1(10), each such officer, director, manager or principal owner must provide a signed response to the questions (Additional copies of this form may be reproduced as needed.)

Attach copy of a Photo ID (i.e. Valid Drivers License or ID Card. **Attached:**

The undersigned certifies that the above responses are true and accurate to the best of my knowledge and belief.

Full Name (Type or Print) _____ Title _____

Signature _____ Date _____

Notary Public _____

My Commission Expires _____, 20____

Notary Seal



State of Rhode Island

Department of Business Regulation



DIVISION OF BANKING
1511 Pontiac Avenue, Bldg. 69-2
Cranston, Rhode Island 02920

CERTIFICATION BY LICENSING AGENCY / SUPERVISORY BOARD

I - APPLICANT SECTION

Applicant must complete the *Applicant* Section of this form and forward the entire form (front and back) to the agency / board of each state where it is currently licensed or certified.

1. <i>Applicant's</i> name as it will appear on the License in Rhode Island:	2. Actual name of <i>Applicant</i> :
3. <i>Applicant's</i> proposed address and telephone number for the Rhode Island license (include Street, City, Zip Code):	4. <i>Applicant's</i> main address and telephone number (include Street, City, Zip Code):
5. <i>Applicant's</i> Federal Employer Identification Number (FEIN):	6. Type of ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship
7. Name of manager for proposed Rhode Island licensed office:	8. Type of license for which application is being filed:
9. Name of principal owners (Holders of 10% or more of voting stock): _____ _____ _____	

10. Information specific to each state where *Applicant* is currently licensed:

A. <i>Applicant's</i> name in that state:	B. Assumed name or name under which <i>Applicant</i> did or is doing business in that state:
C. Address in that state, if applicable (include Street, City, Zip Code):	D. Issue and expiration date of license, certificate of registration or permit to do business: Issue Date: _____ Expiration Date: _____
E. Type and number of license / registration held in that state: License Type: _____ License Number: _____	

The undersigned hereby authorize the licensing/supervisory agency for the state of _____ to furnish the State of
 (State Providing Information)

Rhode Island Department of Business Regulation, Division of Banking, the information requested in Section II of this form.

Name (please print or type) _____ Title: _____

Signature: _____ Date: _____

II - LICENSING / SUPERVISORY AGENCY SECTION

Please return this completed form to the address at the bottom of this page. Enter N/A in areas not applicable. The Rhode Island Division of Banking will accept other forms of certification provided that all applicable information requested on this form is contained in the Certification. If the type of license in question is issued by a different agency in your state, please forward this inquiry to that agency.

<p>1. Is the Information in Question 10 of Section I accurate?</p> <p align="center">_____ Yes _____ No</p> <p>If no, please print accurate information here:</p>	<p>2. Current Status of License \ Registration:</p> <p>_____ Active _____ Lapsed</p> <p>_____ Other (please explain here: _____)</p>
<p>3. What kind of records, if any, must the company maintain in your state?</p>	

4. Disciplinary Actions

<p>A. Have there been any complaints filed against the aforementioned company in the past three (3) years?</p> <p>_____ No _____ Yes</p> <p>If yes, please summarize the complaint and describe the resolution. # Filed _____ # Outstanding _____ Additional sheets may be used if necessary.</p>
<p>B. Have there been any formal sanctions imposed against the aforementioned company as a matter of public record indicating but not limited to fine, reprimand, probation, censure, revocation, suspension, or restriction? _____ No _____ Yes</p> <p>If yes, attach a copy of the disciplinary action</p>
<p>C. The Division of Banking would appreciate additional comments regarding matters, which are not a public record.</p>

I certify that the information contained in Section II herein or attached is true and correct according to the official records of this State.

Print Name

Title

Signature

Date

Agency / Board

Address (Street, City, Zip Code)

Telephone Number

Email address

RETURN FORM TO:
STATE OF RHODE ISLAND
DEPARTMENT OF BUSINESS REGULATION
DIVISION OF BANKING
1511 Pontiac Avenue, Bldg. 69-2
Cranston, Rhode Island 02920