



TEXAS OFFICE OF CONSUMER CREDIT COMMISSIONER

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Austin, TX 78705
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APPLICATION FOR REGISTRATION OF DEBT MANAGEMENT SERVICES PROVIDER

All questions must be answered. Write N/A if not applicable.

This application is for: [] New Registration (for an individual or entity not registered by this office)

Business Activity: [] Credit Counseling [] Debt Management Plans [] Debt Settlement (check all that apply)
Registrant is: [] §501(c)(3) [] For-Profit [] Other-Explain

NAME OF REGISTRANT _____

OPERATING NAME (DBA) _____

FEDERAL EMPLOYMENT IDENTIFICATION NUMBER (FEIN) _____

STREET ADDRESS (NO PO BOXES) _____

CITY _____ STATE _____

ZIP CODE _____ COUNTY _____ LOCATION PHONE NUMBER () _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____

WEBSITE _____

INDIVIDUAL PRIMARILY RESPONSIBLE FOR COMPLIANCE AT THIS LOCATION _____

PERSON TO CONTACT ABOUT THIS APPLICATION
TITLE _____ PHONE NUMBER () _____
FAX NUMBER () _____ EMAIL ADDRESS _____

The undersigned affirms that all answers made in the Application for Registration of Debt Management Services Provider, Disclosure of Owners and Principal Parties, Application Questionnaire and in all supporting schedules and exhibits are true, correct, and complete and are made for the purpose of securing the registration(s) indicated here. The applicant is of good moral character, good business repute, and possesses the character and general fitness necessary to warrant belief that the applicant will operate the business lawfully and fairly within the provisions of the TEXAS FINANCE CODE. FALSE OR MATERIALLY INCOMPLETE ANSWERS ARE GROUNDS FOR DENIAL.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

The Office of Consumer Credit Commissioner obtains information from this form and certain third party sources. With few exceptions, you may review and correct the information we collect. To be informed about the information we collect or to make an open records request, contact our Public Information Officer at 512-936-7622 or info@occc.texas.gov.