

Instructions for Submission by Mail

- ❖ Complete the Application for Registration of Debt Management Services Providers (ADM76). A street address must be provided.
- ❖ Answer all questions on the Application Questionnaire for Debt Management Services Provider (ADM77).
 - If any of questions 1 to 6 are answered yes, provide an explanation.
 - If question 7 is answered no, provide an explanation.
 - Question 8 requires a brief narrative providing:
 - ◆ The extent of planned Debt Management activity.
 - ◆ How funds will be disbursed for the client.
- ❖ Complete the Disclosure of Owners and Principal Parties (ADM 78) with a detailed description of the ownership interest of each officer, director, agent or employee of the applicant. Social security numbers and birthdates are required for all persons listed.
- ❖ A Statutory Agent Disclosure (ADM 13) must be completed. The Statutory Agent is a Texas resident on whom legal papers can be served if necessary.
- ❖ A Surety Bond or Proof of Insurance must be provided in compliance with 7 TAC §§88.102(b) (5) (A).
- ❖ An Assumed Name Certificate, if applicable, as filed with the Texas Secretary of State and/or the county clerk.
- ❖ A copy of the Debt Management Service Agreement
- ❖ 501(c)(3) certification, if applicable.
- ❖ Fees **must be** provided before the application will be processed. The fee may be paid by:
 - Check
 - Money Order
 - Credit Card (MasterCard or Visa) by calling 512 936 7619 after the forms have been received.

Mail Application to:
Office of Consumer Credit Commissioner
Attn: Registration
2601 N Lamar Blvd
Austin TX 78705-4207

Checklist for Registration of Debt Management Services Provider

The following items must be submitted or on file in order for the application to be accepted by the OCCC. *If any of the applicable items listed below are missing, the application may be returned to you for completion.* Additional information may be required in order for the application to be approved.

All Applicants

The following forms are found in the application kit.

- Application (ADM 76)
- Application Questionnaire (ADM 77)
- Provide a list of all locations and/or alternate DBA's (ADM 88)
- Disclosure of Owners and Principal Parties (ADM 78)
- Statutory Agent Disclosure (ADM 13)
- Surety Bond Application (ADM 79)

Additional Filings

- Assumed name, *if applicable*- Provide proof that assumed name has been filed with either the county clerk (proprietors and general partnerships) or the Texas Secretary of State (corporations, limited liability companies, and limited partnerships).
- Surety Bond or Proof of Insurance Policy.
- Debt Management Service Agreement.
- 501(c)(3) certification, if applicable
- Fee: \$250 investigation fee and \$430 annual fee.

Annual renewals and Annual Reports will be due February 1 of each year.

Please retain copies for your records.

MAIL APPLICATION TO:
OFFICE OF CONSUMER CREDIT COMMISSIONER
2601 N Lamar Blvd Austin TX 78705



TEXAS OFFICE OF CONSUMER
CREDIT COMMISSIONER

2601 N Lamar Blvd
Austin, TX 78705
Phone: 512.936.7600
Fax: 512.936.7610
licensing@occc.texas.gov

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 512-936-7639 or info@occc.texas.gov.



TEXAS OFFICE OF CONSUMER
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APPLICATION QUESTIONNAIRE FOR DEBT MANAGEMENT SERVICES PROVIDER

1. Has applicant or any affiliate operated a debt management business in Texas or any other state? ☐ Yes ☐ No
(If yes, attach a description.)

2. Does applicant currently operate debt management business in states other than Texas? (If yes, attach a list of all states in which applicant currently operates and any registrations or licenses applicant may hold in these states.) ☐ Yes ☐ No

3. Has the applicant or any principal of the applicant been convicted of any crime or found liable for any civil violation of laws involving moral turpitude? (If yes, attach a description.) ☐ Yes ☐ No

4. Does the applicant or any principal of the applicant have any pending or completed judgments, tax liens, litigation or administrative actions by any government agency? (If yes, attach a description.) ☐ Yes ☐ No

5. Has the applicant's registration or license to provide debt management services in this state or any other state previously been revoked or suspended? (If yes, attach a description.) ☐ Yes ☐ No

6. Does the applicant have any accreditation that includes a requirement that the provider comply with industry standards by a nationally recognized accrediting organization? (If yes, attach a description.) ☐ Yes ☐ No

7. Does the applicant maintain a trust account for the management of all money paid by or on behalf of a consumer for disbursement to the consumer's creditor? (If no, attach a description.) ☐ Yes ☐ No

8. Describe the applicant's business operation plan.

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DISCLOSURE OF OWNERS AND PRINCIPAL PARTIES OF DEBT MANAGEMENT SERVICES PROVIDER

Detailed Description of ownership interest of any Officers, Directors, Agents, or Employees

(List complete ownership percentages, include spouses with community property interest.)

Name	Description of ownership interest
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
For Profit affiliates:	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

OFFICERS

		Social Security Number	Date of Birth
President	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vice President	<input type="text"/>	<input type="text"/>	<input type="text"/>
Secretary	<input type="text"/>	<input type="text"/>	<input type="text"/>
Treasurer	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Description of Applicant's Corporate/Organizational Structure

OTHER PRINCIPAL PARTIES (Trustees, Administrators or Corporate Designees)

Name	Social Security Number	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %

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SURETY BOND

(Consumer Debt Management Services)

Bond No. _____

KNOW ALL PERSONS BY THESE PRESENTS THAT WE, the undersigned, _____, as Principal, and _____, as Surety, are held and firmly bound unto the Office of Consumer Credit Commissioner of the State of Texas (the "Commissioner"), as obligee, in the sum of _____ AND _____ ONE-HUNDREDTHS UNITED STATES DOLLARS (U.S. \$ _____) for the use of the Commissioner and any other person or persons who may have a claim against the aforesaid Principal arising out of or relating to the activities of said Principal as a Consumer Debt Management Services provider registered by the Commissioner under the Texas Finance Code Chapter 394.201 et.seq., for the payment of which, well and truly to be made, the undersigned Principal and Surety, jointly and severally bind themselves and their successors, executors, heirs, administrators, and assigns by these presents.

WHEREAS, the undersigned principal has applied to the Commissioner for a registration as a Consumer Debt Management Services provider as defined and set forth in the Act, and

WHEREAS, this Bond is being provided to satisfy the financial requirements set forth in Section 394.206 of the Act.

NOW, THEREFORE, the conditions of the obligation evidenced by this Bond are as follows:

1. This Bond is to provide financial surety for the discharge by the Principal of any and all monetary obligations to the Commissioner or the Office of Consumer Credit Commissioner or any person to whom an obligation of the Principal arises by virtue of any and all acts or omissions arising under or relating to the Texas Finance Code Chapter 394.201 et.seq., or any regulations, rules, or orders issued or promulgated pursuant thereto.
2. If the Principal shall duly and fully comply at all times with and timely discharge all obligations arising under the Texas Finance Code Chapter 394.201 et.seq., or any such regulations, rules, and orders, then the Surety shall have no monetary obligation hereunder.
3. This Bond shall remain in effect for the entire term of the registration in connection with which it is being issued, unless revoked by thirty (30) or more days written notice to the Commissioner. Revocation hereof shall not alter or reduce the liability of the Surety for any claims relating to or arising out of facts and circumstances that occurred prior to the effective date of revocation.
4. This Bond shall automatically renew for any succeeding renewals of the registration in connection with which it is being issued without need of any action or notice by any party, provided, however, that the Surety may, by written notice at least thirty (30) days prior to the end of such term, advise the Commissioner in writing that this Bond will not be renewed.
5. The aggregate liability of the Surety hereunder is limited to U.S. \$ _____. Any person or party making a claims or claims under this Bond may make such claim or claims in amounts less than the full amount of this bond, and multiple claims are permitted, provided that the aggregate liability of the Surety hereunder does not exceed U. S. \$ _____.
6. This Bond is effective the _____ day of _____, _____.

IN WITNESS WHEREOF, the undersigned have executed this Bond this _____ day of _____, _____.

SURETY PRINCIPAL

Printed name _____

Signature: _____

Date: _____

Title: _____

Printed name _____

Signature: _____

Date: _____

Title: _____

STATUTORY AGENT DISCLOSURE

To be completed by all applicants

The statutory agent is the person or entity to whom any legal notice may be delivered. The agent must be a Texas resident and list an address for legal service. If the statutory agent is a natural person, the address must be a physical residential address. If the applicant is a corporation or limited liability company, the statutory agent should be the registered agent on file with the Texas Secretary of State. If the statutory agent is not the same as the registered agent filed with the Texas Secretary of State, then the applicant must submit certified minutes appointing the new agent.

Name of Applicant: _____

*If the applicant is a proprietor or general partnership, enter the names of the owners.
Otherwise, enter the name of the entity applying for the license.*

The Applicant does hereby appoint the following agent upon whom may be served all judicial and other process or legal notice:

Name of Agent: _____

Agent Address: _____

City: _____ **State:** TX **Zip Code:** _____

Agent Phone: () _____ **Agent Fax:** () _____

Agent Email Address: _____

In the case of death, removal from the State, or legal disability or disqualifications of the agent, service of all judicial and other processes of legal notice may be made upon the Consumer Credit Commissioner, State of Texas.

Signature of Owner, Officer, or Director

Printed Name

Title

Date

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**LIST OF ADDITIONAL OFFICE(S) OR DBA'S FOR A
DEBT MANAGEMENT SERVICE PROVIDER**

This form is only to be filed with your initial registration for a debt management service provider registrant.

Applicant: _____

DBA (Operating name) _____

Physical address (No P.O. Boxes) _____

City State Zip

Mailing address (if different from above) _____

City State Zip

Phone Number _____ Fax Number _____

Individual responsible for daily operations at this location _____

DBA (Operating name) _____

Physical address (No P.O. Boxes) _____

City State Zip

Mailing address (if different from above) _____

City State Zip

Phone Number _____ Fax Number _____

Individual responsible for daily operations at this location _____

DBA (Operating name) _____

Physical address (No P.O. Boxes) _____

City State Zip

Mailing address (if different from above) _____

City State Zip

Phone Number _____ Fax Number _____

Individual responsible for daily operations at this location _____

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Application Fee Worksheet Debt Management and Debt Settlement Service Provider Registration

Payment must be in the form of a check or money order. Cash payments will not be accepted. Make check or money order payable to Office of Consumer Credit Commissioner.

New Licenses:

Flat fee for investigation: x =

Assessment for registration sought: x =

Total Amount Due: