
Department of Justice

Office of Consumer Protection

P. O. Box 200151
Helena, MT 59620-0151
(406) 444-4500 or (800) 481-6896

**Debt Management Licensing
Certificate of Compliance**

State of _____)
) ss:
County of _____)

I, _____, hereby state under the penalty of perjury that
in completing this application for a debt management license, the responses and
material provided are true and accurate to the best of my knowledge and belief. I
understand that I have an ongoing requirement to update this information.

Name

Title

Subscribed to and sworn to before me this _____ day of _____, _____.
(month) (year)

Notary Public

Commission Expiration Date