
Montana Department of Justice

Office of Consumer Protection

P.O. Box 200151
Helena, MT 59620-0151
(800) 481-6896
ContactOCP@mt.gov

Debt Management Licensing Application

License Fee: \$1,000

A decision on a **complete** application package will be made within 30 days. To ensure that your application is complete, please review and check off each question as you complete it. Failure to file a completed application may result in the delay or denial of your application. Your responses to the questions on this application are continuing in nature. You must promptly notify the Office of Consumer Protection of any circumstance that would cause your answers to change. Please note that "You" refers to any person included as part of this application, including any owners, officers, directors or business entity. ***Please type or print clearly in ink.***

Subpart A) General Information

- A1. Applicant is a(n): _____ Corporation _____ Unincorporated Association _____ Partnership
_____ Limited Liability Company _____ Limited Liability Partnership _____ Other
- A2. Applicant is a: _____ Profit Corporation _____ Non-Profit Corporation
- A3. Name under which applicant will conduct business: _____
- A4. Each business address where applicant will conduct business (this business address must be the same on the surety bond):

- A5. Federal Employer ID No.: _____ Telephone No.: _____
Fax No.: _____ Website: _____ E-mail: _____
- A6. Name, telephone number and e-mail address of principal contact for licensing and compliance matters:

- A7. Name, telephone number and e-mail address of principal contact for consumer complaints:

- A8. Name, telephone number and e-mail address of principal contact for the operations manager:

A9. Name, address and telephone number of your Montana agent of service:

A10. Address(es) where the books and records of Montana transactions will be maintained:

A11. Do you hold any other Montana business licenses?

Yes_____ No_____

If yes, list them: _____

A12. Have you ever had a license denied, suspended or revoked by any unit of this State or any other State?

Yes_____ No_____

If yes, provide a detailed explanation with the appropriate documentation.

A13. Have you ever been enjoined, punished, fined or investigated for wrongdoing by this State or any other State or the Federal Government?

Yes_____ No_____

If yes, provide a detailed explanation with the appropriate documentation.

A14. Are you currently under investigation by this State, any other State, or the Federal Government?

Yes_____ No_____

If yes, provide a detailed explanation with the appropriate documentation.

Subpart B) Organization Structure & Documents

B1. Legal name of applicant:

B2. Full address of applicant's principal office:

B3. Applicant is organized under the laws of the State of _____, date of organization

_____.

B4. If non-profit, attach a copy of the applicant's 501 (c) tax-exempt status from the Internal Revenue Service.

B5. If non-profit, attach copies of the applicant's IRS Form 990 for the past 3 years, as well as the current year, when available. Include any attachments and schedules.

B6. Attach a copy of your current by-laws, articles of incorporation or organization, and/or operating agreements, including changes and amendments to each.

B7. If you use a d/b/a, provide a copy of your d/b/a filing from the Montana Secretary of State.

- B8. Attach a copy of your "Certificate of Good Standing" or "Certificate of Status" from the state in which you are chartered or organized.
- B9. Attach a list of the names, business and residence addresses, and telephone numbers of all owners, principals, officers and directors.
- B10. Provide a description of the ownership interest of any officer, director, agent or employee of the applicant in any affiliate or subsidiary of the applicant or any other entity that provides any service to the applicant or any consumer relating to the debt management service business.
- B11. Attach a list of states in which the applicant is registered or licensed to provide debt management services.
- B12. Attach a list of states in which the applicant is engaged in the business of providing debt management services.
- B13. If the applicant is a corporation, provide a detailed description of the applicant's corporate structure, including parent companies, subsidiaries and affiliates.
- B14. Provide evidence of any general liability or fidelity insurance that insures against dishonesty, fraud, theft or other malfeasance on the part of an employee of the applicant.
- B15. Provide a business credit report no older than three months.
- B16. Provide a copy of an audit conducted within the last 12 months that proves accreditation with Montana Administrative Rule 23.19.1003.
- B17. Provide a copy of the applicant's plan that ensures that all debt management counselors are certified in compliance with Montana Administrative Rule 23.19.1003.
- B18. Provide a list of all certified counselors, listing how they were certified. Include their phone names if any.
- B19. Provide a list of the names and addresses of each bank or financial institution at which the applicant maintains an operating account(s) and trust account(s) in which customers' funds will be deposited and withdrawn to pay their respective creditors. Provide a copy of the trust account agreements for each bank and account.
- B20. Provide a sample copy of the applicant's debt management services agreement with Montana consumers.
- B21. Provide a list of initial fees (including donations) for services or materials.
- B22. Provide a list of all recurring fees (including donations) for services or materials.
- B23. Provide a notarized affirmative statement by the owner or highest ranking corporate official that MCA § 30-14-2004, including 2(c), has been complied with.

Montana Department of Justice

Office of Consumer Protection

P.O. Box 200151
Helena, MT 59620-0151
(800) 481-6896
ContactOCP@mt.gov

**Debt Management Licensing
Surety Bond**

Bond # _____

THE UNDERSIGNED, _____ of _____
(Company Name) (Company's Complete Address)

as PRINCIPAL and _____ of _____
(Surety's Name) (Surety's Address)

as SURETY, are firmly bound unto the State of Montana the penal sum of \$ _____
for payment of which we jointly and severally bind ourselves and our heirs, personal
representatives, successors and assigns, this _____ day of _____
_____, 20____.

WHEREAS, the principal:

- has applied to the Department of Justice for the license indicated above, as provided by applicable provisions of the Montana Code Annotated § 30-14-2004, and
- is required to file a surety bond in order to obtain such license. The provisions of this law and regulations are fully incorporated herein by reference.

THEREFORE, the conditions of this obligation are set forth in Montana Code Annotated § 30-14-2001 et al. and as follows:

1. The Surety Bond shall run to the State for benefit of any consumer who is injured by a violation of Montana Code Annotated § 30-14-2001 et al, § 30-14-103 or the rules adopted under them, committed by a licensee or an agent of a licensee, including an agent managing a trust account.
2. This bond may be canceled at any time by the Surety, but such cancellation shall be effective 90 days after written notice of the cancellation has been given by the Surety to the Department of Justice by certified mail.
3. This bond continues as to all transactions of the Licensee and transactions of its agents on behalf of the Licensee and any claim under this bond must be made with the Surety within two years after Licensee ceases, for any reason, to be licensed.

4. This bond is conditioned so that the Licensee and its agent shall comply with all state and federal laws and regulations governing the business of providing debt management services.
5. This bond covers any breach of the above-stated obligations occurring during the bonding period, prior to the effective date of cancellation or termination of the bond.
6. The liability of the Surety is not affected by the insolvency or bankruptcy of the Licensee or its agent or by any misrepresentation, breach of warranty, failure to pay a premium, or other act or omission of the Licensee or its agent.
7. Any civil fines imposed by a violation of Montana Code Annotated § 30-14-2001 et al or 30-14-103 may be paid and collected from the proceeds of this surety bond.
8. If the Principal faithfully conforms to and abides by each and every provision of applicable laws and regulations while engaging in the business to which this bond applies, then this obligation is to be void. Otherwise, it shall remain in full force and effect for the period beginning _____, 20____, and continuing unless cancelled by paragraph 2.

WITNESS

(SIGNATURE OF INDIVIDUAL OR
PARTNERSHIP PRINCIPALS)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

ATTEST:

Corporate or Limited Liability Company Principal

Secretary or Assistant Secretary

By _____
President, Vice President or Authorized Member (SEAL)

(Affix Seal of Corporation)

ATTEST:

Name of the Surety

Secretary or Assistant Secretary

By _____
Authorized Signature (SEAL)

Montana Department of Justice

Office of Consumer Protection

P.O. Box 200151
Helena, MT 59620-0151
(800) 481-6896
ContactOCP@mt.gov

**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

Debt Management Licensing Compliance Guide

- _____ 1. License Fee
- _____ 2. All questions have been answered, at least in part
- _____ 3. Business accredited by bona fide third-party accreditation provider ensuring compliance with industry standards and best practices
- _____ 4. Document has been notarized
- _____ 5. Non-profit? If so:
 - _____ a. If non-profit, a copy of 501 (c) tax-exempt status from IRS is included
 - _____ b. If non-profit, copies of the IRS form 990 for past 3 years, as well as the current year.
- _____ 6. If company uses d/b/a, copy of d/b/a filing from the Montana Secretary of State
- _____ 7. A copy of current by-laws, articles of incorporation or organization, and/or operating agreements, including changes and amendments to each
- _____ 8. Copy of "Certificate of Good Standing" or "Certificate of Status" from the state in which company is chartered or organized
- _____ 9. List of the names, business and residence addresses, and telephone numbers of all owners, principles, officers and directors
- _____ 10. Description of the ownership interest of any officer, director, agent or employee in any affiliate or any other entity that provides service to the business or any consumer relating to the debt management service business
- _____ 11. A list of states in which the applicant is registered or licensed to provide debt management services
- _____ 12. A list of states in which the business is providing debt management services
- _____ 13. If corporation, a detailed description of corporate structure, parent companies, subsidiaries and affiliates
- _____ 14. General liability or fidelity insurance that insures against dishonesty, fraud, theft or other malfeasance on the part of an employee
- _____ 15. Business credit report no older than three months
- _____ 16. Copy of audit conducted within the last 12 months, proves accreditation with ARM 23.19.1003
- _____ 17. Copy of plan that ensures all debt management counselors are certified in compliance with ARM 23.19.1003
- _____ 18. List of all certified counselors, phone names if any, and how they were certified
- _____ 19. Business maintains a trust account for managing funds
- _____ 20. List of names and addresses of each bank or financial institution where an operating account and trust account is maintained in which the customers' funds will be deposited and withdrawn to pay for their respective creditors. Must include copy of trust account agreements for each bank and account
- _____ 21. Sample copy of debt management services agreement with Montana consumers
- _____ 22. List of initial fees including donations for services or materials
- _____ 23. List of all recurring fees including donations for services or materials
- _____ 24. Notarized affirmative statement that MCA §30-14-2004, including 2 (c) has been complied with
- _____ 26. Debt Management Licensing Surety Bond