

**ILLINOIS DEPARTMENT OF  
FINANCIAL & PROFESSIONAL REGULATION  
CONSUMER CREDIT SECTION**

**DEBT MANAGEMENT SERVICES ACT  
205 ILCS 665**

**SUPPLEMENTAL APPLICATION**

All answers must be typed or legibly printed. All questions must be answered.

1. Individual's Name: \_\_\_\_\_  
(First) (Middle) (Last)

2. Corporate Title: \_\_\_\_\_

3. Percentage of Ownership: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_

5. Social Security Number: \_\_\_\_\_

6. Business Address: \_\_\_\_\_

7. Resident Address: \_\_\_\_\_

8. Telephone Number: \_\_\_\_\_

9. Business Experience for past ten (10) years in descending chronological order:  
(A copy of a resume' for the same period of time may be substituted to satisfy  
this requirement.)

Years

From \_\_\_\_\_ To \_\_\_\_\_ Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

Principal Duties: \_\_\_\_\_

Years

From \_\_\_\_\_ To \_\_\_\_\_ Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

Principal Duties: \_\_\_\_\_

Years

From \_\_\_\_\_ To \_\_\_\_\_ Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

Principal Duties: \_\_\_\_\_

**10. In the past 10 years have you ever been convicted of a felony?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, provide on a separate sheet full details including a summary, the court, presiding judge(s) and the title and document number.**

**11. In the past 10 years have you been a party to any material litigation?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, provide on a separate sheet full details including a summary, the court, presiding judge(s) and the title and docket number.**

**I do hereby swear that the facts set forth, hereinabove, are true and are given as a basis for the issuance of a license under the Debt Management Services Act.**

\_\_\_\_\_  
**Name & Title (Please Type or Print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Resident Address**

\_\_\_\_\_  
**City State Zip Code**

**Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_**

**Notary Public \_\_\_\_\_**

**My Commission Expires: \_\_\_\_\_**

**(NOTARY SEAL)**