

**ILLINOIS DEPARTMENT OF FINANCIAL & PROFESSIONAL REGULATION
DIVISION OF FINANCIAL INSTITUTIONS
PERSONAL INFORMATION FORM**

The following personal information is furnished as a part of the application for a license under the Debt Settlement Consumer Protection Act. This information should be completed by the owner, if applicant is a sole proprietorship; the partners, if a partnership; the chairman, president, or executive director, if a corporation.

All answers must be typewritten or legibly printed:

Full Name of Business: _____

Business Address: (No. & Street) _____ (Suite #) _____

(City) _____ (State) _____ (Zip) _____

Name of Individual(s) completing application: _____

Home address: (No. & Street) _____ (City) _____

(State) _____ (Zip) _____ (Area Code & Telephone No.): _____

Social Security # _____ Date of Birth: _____

EDUCATION: Name of High School _____

Name of College _____

Degree _____

Other _____

Courses taken that have prepared you for performing Debt Settlement Services: _____

WORK EXPERIENCE: Company Name _____ Years: From _____ To _____

Address (No. & Street) _____ (City, State, Zip) _____

Position _____

Held _____

Principle _____

Duties _____

PERSONAL REFERENCES: Show the names of two persons not related to you, nor employers, with whom you are well acquainted and who can attest to your character.

Name _____ Telephone No. (Area) _____ (No.) _____

Address _____ City _____

State _____ Zip _____ Occupation _____

Name _____ Telephone No. (Area) _____ (No.) _____

Address _____ City _____

State _____ Zip _____ Occupation _____

Have you ever been charged with, indicted and/or convicted of any offence (other than minor traffic violations)? Yes _____ No _____

If yes, give details on a separate sheet.

Have you ever been involved in a civil suit? Yes _____ No _____

If yes, give details on a separate sheet.

Have you ever had a State or local business license suspended or revoked? Yes _____ No _____

If yes, give details on a separate sheet.

Have you ever filed personal or business bankruptcy? Yes _____ No _____ **If yes, give details on a separate sheet.**

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Department of Financial Institutions to investigate and verify any information contained in my application for licensure under the Debt Settlement Consumer Protection Act or any other information relevant to my qualifications for licensure.

Signature _____

Date _____