

**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)