



DEBT CONSOLIDATION AGENCY REGISTRATION APPLICATION

1. Company information:

Name: _____
 Physical address: _____
 City: _____ State: _____ ZIP: _____
 Mailing address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ Fax: _____
 For profit: Yes No Not-for-profit: Yes No
 Manager's name (*interested parties list, Page 3*): _____
 E-mail address: _____ Web address: _____

2. List any other assumed names or business names to be used by the debt consolidation agency.

3. List name, address, and phone number of registered agent.

Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____

4. List agents of the business. An agent is a person who attempts to obtain clients for the agency or payment from a client of the agency (*interested parties list, Page 3*).

5. Have the owners, agents, or anyone working for you been convicted of an offense involving fraud or deception? Yes No

If yes, attach a description of the circumstances of the conviction.

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	Phone: _____
_____		_____	_____
Credit card number		Expiration date	
Name of cardholder as shown on credit card			
_____		_____	
Cardholder signature		Amount	

Make check or money order in the amount of \$200 payable to Oregon Division of Finance & Corporate Securities. If paying by credit card, applicant must sign credit card information box.

Mail application with payment to:
 DCBS Fiscal Services
 P.O. Box 14610
 Salem, OR 97309-0405

Fiscal use only: Initial: 61220/1008 12104-0600

6. **List bank accounts used** (*must be in an Oregon financial institution*):

Operating account name: _____ Account no.: _____

Name of financial institution: _____

Address: _____

City: _____ State: _____ ZIP: _____

Client trust account name: _____ Account no.: _____

Name of financial institution: _____

Address: _____

City: _____ State: _____ ZIP: _____

7. **Provide a copy of the debt-consolidation contract or agreement with the client, a copy of the fee schedule, and voluntary contributions to be paid by the client.**

8. **Provide a copy of the disclosure form that lists the maximum amount the debt consolidating agency may charge for services performed for the client.** (The form must contain a space for the client to sign, indicating that the client has read and understands the information disclosed on the form.)

9. Attach either a Bond Form (440-2799a) or a Fidelity Bond Form (440-2799b), whichever is required of you by law [ORS 697.642(3)].

VERIFICATION

This form is executed on behalf of, and with the authority of, the applicant. The undersigned and applicant declare the information and statements contained in this application and enclosed with this application to be current, true, and complete.

Date: _____ Name of applicant: _____

Signature: _____ Name and title: _____

Subscribed and sworn before me this _____ day of _____, 200____.

By (notary): _____

My commission expires: _____

County of: _____

State of: _____

(Seal)

INTERESTED PARTIES

We request identifying information for a background check. ORS 697.632 allows us to request any information necessary to carry out the Debt Consolidation Agency Program, including date of birth.

Include the names of the following individuals:

- a. Managers or supervisors of agency activities
- b. Any individual who acts as agent for the agency

Indicate each individual's function(s) with an (a) or (b).

Attach additional page, as necessary.

a or b (see above)	Legal name	Date of birth	Driver license (state of issue, number)

Oregon Department of Consumer & Business Services
Division of Finance & Corporate Securities
350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881
Mailing address: P.O. Box 14480, Salem, OR 97309-0405
503-378-4140 • Fax: 503-947-7862
<http://dfcs.oregon.gov>



**DEBT CONSOLIDATION AGENCY
SURETY BOND FORM**

Surety Bond No.: _____

That _____ (name), _____ (address),
as principal (licensee), and the _____ (surety), _____ (surety home address)

a corporation duly organized and existing under the laws of _____ and authorized to transact a surety business in Oregon, as surety, are held and firmly bound unto the state of Oregon, for the use of the state and any person who may have a cause of action against the principal, in the penal sum of \$10,000, lawful money of the United States, for the payment of which we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

The condition of this obligation is such that the above-named principal has applied to the director of the Oregon Department of Consumer & Business Services (DCBS) for carrying on the business of a debt consolidation agency within the state of Oregon and is required by Oregon Revised Statute Chapter 697 to furnish a bond in the sum of \$10,000 to cover the operation of the business during each biennial registration period.

Now, therefore, the conditions of the foregoing obligation are that if said principal with regard to all work done by the principal, a debt consolidation agency defined by ORS 697, shall comply with all provisions of said statute and rules promulgated thereunder, shall pay all amounts that may be ordered by the director of DCBS against the principal by reason of failing to comply with ORS Chapter 697 and rules promulgated thereunder, then this obligation shall be void. Otherwise it will remain in full force and effect.

This bond is for the exclusive purpose of payment of final orders of the director of DCBS and court judgments filed with the director of DCBS in accordance with ORS Chapter 697.

This bond may be canceled by the surety and the surety is relieved of further liability hereunder by giving 30 days written notice to the principal and to the director of the Oregon DCBS.

This bond shall be one continuing obligation, and the liability of the surety for the aggregate of any and all claims that may arise hereunder shall in no event exceed the amount of this bond. The surety shall give notice to the principal and to the director of the Oregon DCBS upon any payment for a loss under this bond.

This bond shall become effective on the _____ day of _____, 20 _____.

IN WITNESS WHEREOF, we have hereunto set our hands and seals at _____ in the state of Oregon,

SIGNED, sealed, and dated this _____ day of _____, 20 _____.

Principal: _____

By: _____

Title: _____

(Seal)

Surety: _____

By: _____

Title: _____

Oregon Department of Consumer & Business Services

Division of Finance & Corporate Securities

350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881

Mailing address: P.O. Box 14480, Salem, OR 97309-0405

503-378-4140 • Fax: 503-947-7862

http://dfcs.oregon.gov



DEBT CONSOLIDATION AGENCY

FIDELITY BOND FORM

Fidelity Bond No.: _____

That _____ (name), _____ (address),

as principal (licensee), and the _____ (surety), _____ (surety home address)

a corporation duly organized and existing under the laws of _____ and authorized to transact a surety business in Oregon, as surety, are held and firmly bound unto the state of Oregon, for the use of the state and any person who may have a cause of action against the principal, in the penal sum of \$10,000, lawful money of the United States, for the payment of which we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

The condition of this obligation is such that the above-named principal has applied to the director of the Oregon Department of Consumer & Business Services (DCBS) for carrying on the business of a debt consolidation agency within the state of Oregon and is required by Oregon Revised Statute Chapter 697 to furnish a fidelity bond in the sum of \$10,000 to cover the operation of the business during each biennial registration period.

Now, therefore, the conditions of the foregoing obligation are that if said principal with regard to all work done by the principal, a debt consolidation agency defined by ORS 697, shall comply with all provisions of said statute and rules promulgated thereunder, shall pay all amounts that may be ordered by the director of DCBS against the principal by reason of failing to comply with ORS Chapter 697 and rules promulgated thereunder, then this obligation shall be void. Otherwise it will remain in full force and effect.

This fidelity bond is for the exclusive purpose of payment of final orders of the director of DCBS and court judgments filed with the director of DCBS in accordance with ORS Chapter 697.

This fidelity bond may be canceled by the surety and the surety is relieved of further liability hereunder by giving 30 days written notice to the principal and to the director of the Oregon DCBS.

This fidelity bond shall be one continuing obligation, and the liability of the surety for the aggregate of any and all claims that may arise hereunder shall in no event exceed the amount of this bond. The surety shall give notice to the principal and to the director of the Oregon DCBS upon any payment for a loss under this bond.

This bond shall become effective on the _____ day of _____, 20 _____.

IN WITNESS WHEREOF, we have hereunto set our hands and seals at _____ in the state of Oregon,

SIGNED, sealed, and dated this _____ day of _____, 20 _____.

Principal: _____

By: _____

Title: _____

(Seal)

Surety: _____

By: _____

Title: _____