Department of Justice

Office of Consumer Protection
P. O. Box 200151
Helena, MT 59620-0151
(406) 444-4500 or (800) 481-6896

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