

## OFFICERS' INTERROGATORY

This interrogatory must be completed by each officer or other individual having a right to participate in the management of the applicant's business in the State of Nebraska. If additional forms are needed, copies may be made.

\_\_\_\_\_  
Name of Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Residence Address, City, State, Zip

**List the places where you have been engaged in any kind of business or vocation accounting for the entire period since you left school or college. If additional space is needed, attach a separate sheet to application.**

Nature of Business \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Nature of Business \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Nature of Business \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Nature of Business \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Have you ever been engaged in any kind of debt management work? \_\_\_\_ yes \_\_\_\_ no If so, how long? \_\_\_\_\_

Describe position \_\_\_\_\_

Have you ever been licensed in any other state as an owner or manager of a debt management company? \_\_\_\_ yes \_\_\_\_ no

If so, where? \_\_\_\_\_ When? \_\_\_\_\_

Has your application for a license as an owner or manager of a debt management company ever been rejected in any other state? \_\_\_\_ yes \_\_\_\_ no **If so, explain giving exact dates, places, parties involved, and full details on a separate sheet.**

Has your license as an owner or manager of a debt management company ever been revoked or suspended in any other state? \_\_\_\_ yes \_\_\_\_ no **If so, explain giving exact dates, places, parties involved, and full details on a separate sheet.**

Have you ever been convicted of any criminal offense or is there any criminal charge against you now pending (other than minor traffic violations)? \_\_\_\_ yes \_\_\_\_ no **If so, explain giving exact dates, places, parties involved, and full details on a separate sheet.**

Have you been convicted of fraud in any court within the past five years? \_\_\_\_ yes \_\_\_\_ no **If so, explain giving exact dates, places, parties involved, and full details on a separate sheet.**

Has there been any judgment entered against you for failure to account to your client money or property for such client or customer in the last five years? \_\_\_\_ yes \_\_\_\_ no **If so, explain giving exact dates, places, parties involved, and full details on a separate sheet.**

List the names and addresses of three people unrelated to you who can attest to your reputation for honesty and fair dealings.

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

#### **AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the Secretary of State to investigate and verify any information contained in my debt management application or any other information relevant to my qualifications for licensure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number \* (optional)

**\*Failure to disclose your social security number will not affect your license application, but will be used by the Board to assist in verifying background information provided. The number is being requested under Nebr. Revised Statute 69-1205 which lists qualifications and disqualifications for licensees and officers.**