

**COLORADO DEBT MANAGEMENT PROVIDER REGISTRATION  
PERSONAL AFFIDAVIT**

To be completed by each Director, Officer, person with at least 10% ownership, Agent, LLC Member or Manager and person authorized to initiate transactions to the trust account. **A separate form is required to be filed by each person and each Personal Affidavit must be submitted with original signatures.**

**Statements made herein are made under oath. Omissions may be construed as intentional failure to disclose a material fact and may be grounds for rejection of an application [see § 5-19-209(b)(1), C.R.S.]**

Debt-Management Provider's Name (corporation, LLC, partnership, or proprietor's name.

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Name and Title of person completing Personal History:

\_\_\_\_\_  
Name of Individual

\_\_\_\_\_  
Title

Home Address:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Last Four of SSN

**Ownership Information**

Ownership interest of at least 10% by a director, owner or employee of the Applicant in:

(1) Any Affiliate of the Applicant as defined in sections § 5-19-202(2), C.R.S.

(2) Any entity that provides products or services to the Applicant or any individual relating to the Applicant's debt-management services (use attached form for additional entries).

Name of affiliate or entity in which interest is owned:

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Address:

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip code)

\_\_\_\_\_  
Website

\_\_\_\_\_  
Percent ownership/interest

\_\_\_\_\_  
Length ownership/interest

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Product or Services Provided

Name of affiliate or entity in which interest is owned:

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Address:

\_\_\_\_\_  
(Street address) (City) (State) (Zip code)

\_\_\_\_\_  
Website Percent ownership/interest Length ownership/interest

\_\_\_\_\_  
Relationship Product or Services Provided

1. Have you ever been convicted of or entered a plea of guilty or nolo contendere to theft, concealing stolen goods, forgery, fraud, perjury, bribery, offenses related to a violation of any State or Federal Securities laws or similar crime, in any federal, state or local jurisdiction?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, provide details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are there any pending criminal actions by any federal, state or local governmental entity charging you with having committed theft, concealing stolen goods, forgery, fraud, perjury, bribery, offenses related to a violation of any State or Federal Securities laws or similar crime?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, provide details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been convicted of or entered a plea of guilty or nolo contendere to, a felony or a misdemeanor other than a traffic violation and other than violations listed in questions 1 and 2?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, provide details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you or any organization during a time when you were associated with it as owner, partner, member if a LLC or association, officer, director, or principal employee ever had a business license or registration suspended, canceled, revoked, or subjected to any disciplinary action (whether or not a final order or judgment was entered) including a stipulation, final consent order, judgment, or administrative order by any governmental entity, including Colorado; had an application for such license or registration denied; or withdrawn such an application to avoid a denial or any related request?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, provide details below:

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5. Have you, or any organization during a time when you were associated with it as owner, partner, member if a LLC or association, officer, director, or principal employee been involved in any voluntary or involuntary bankruptcy, receivership, or insolvency proceedings, or had any unsatisfied judgment or liens against you or such an organization?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, provide details below:

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6. Have you ever been held liable in any civil fraud action in any judicial or administrative proceeding by a federal, state, or local governmental entity?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, provide details below:

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7. If you are a Director, do you receive compensation from the Applicant?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, you must provide five years of employment history in the next section (below).

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**Employment History**

Provide a complete record of employment and business associations, including all companies in which you have or had an interest as an officer, director, or voting stockholder. If you answered Yes to Question #7 (above), you must provide five years of history. Otherwise, please provide two years history. Account for all periods of time. Periods of unemployment should be indicated with dates. Include your position and a brief description of duties. Attach additional pages if necessary. A current resume containing the requested information may substitute the list.

Dates (MM/YY): \_\_\_\_\_ TO \_\_\_\_\_

Employer: \_\_\_\_\_

Position Title: \_\_\_\_\_

Duties (brief description): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dates (MM/YY): \_\_\_\_\_ TO \_\_\_\_\_

Employer: \_\_\_\_\_

Position Title: \_\_\_\_\_

Duties (brief description): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dates (MM/YY): \_\_\_\_\_ TO \_\_\_\_\_

Employer: \_\_\_\_\_

Position Title: \_\_\_\_\_

Duties (brief description): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Statements made herein are made under oath. False statements may be punishable as second-degree perjury.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title/Position