STATE OF CONNECTICUT

DEPARTMENT OF BANKING

CONSUMER CREDIT DIVISION

260 CONSTITUTION PLAZA, HARTFORD, CT 06103-1800

ATTESTATION FORM - APPLICATION FOR DEBT ADJUSTER LICENSE

I, _____, do hereby swear that the financial statement

dated _____, submitted in connection with the application of
(MM/DD/YYYY)

_____
(Name of Applicant)

for a Debt Adjuster License, is a true, accurate, and complete statement of the financial condition of said applicant to the best of my knowledge and belief.

_____ _____
(Signature) *(Name and Title - Print)*

State of _____

County of _____

On this _____ day of _____ , 20 _____ , personally appeared

_____
(Name and Title)

to me known, and known by me to be the signer of the foregoing instrument, who being first duly sworn upon oath, deposes and says he/she has read, and knows the contents thereof, and that the alleged facts herein contained are true to his/her knowledge.

_____ _____
(Notary Public) *(My Commission Expires)*
(Commissioner of the Superior Court)

NOTE: This application must be signed by a Control Person listed on the Main Office Application