



STATE OF WISCONSIN  
Department of Financial Institutions  
Division of Banking



## COLLECTION AGENCY LICENSE APPLICATION INSTRUCTIONS

**Purpose:** A completed Collection Agency License Application should be submitted to the Department of Financial Institutions – Division of Banking (“division”) for consideration of licensure. Upon the filing of such application the division shall investigate the relevant facts, and if the division finds that the character, general fitness and financial responsibility of the applicant, including key officers, members, partners or owners, warrant the belief that the business will be operated in compliance with Section 218.04, Wis. Stats., the division shall issue a license.

**Public Information:** This application is a public record and is available to the public upon request. Personally identifiable information may be shared with other State or Government agencies.

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*Each section in the following application instructions identifies the corresponding application page number that it is referring to.*

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### APPLICANT INFORMATION (Pages 1-11)

Print or type the information requested in the spaces provided on pages 1 through 11 of the Collection Agency License Application.

### ATTACHMENTS (Page 12)

The following items may need to be submitted with your completed Collection Agency License Application. **Additional information regarding each item is included on pages 2, 3 and 4** of this instruction packet. Please read the instructions to determine which items you will be required to submit.

- A) Surety Bond
- B) Financial Statements
- C) Solicitor/Collector Application(s)
- D) List of Solicitor/Collectors
- E) Fees
- F) Certificate of Good Standing if the applicant was incorporated/organized in a state other than Wisconsin
- G) Criminal History Report(s)
- H) Officer/Director/Owner Resume(s)
- I) Contracts between Applicant and Independent Contractors
- J) Business Plan

A) Surety Bond

The applicant must provide a surety bond in the amount of \$25,000 if all of its records are maintained within Wisconsin, or \$35,000 if any records are maintained outside of Wisconsin. The bond that is submitted to the division:

- must be completed on form DFI/LFS/430 (R 2/01). Any bond that is not completed on this form will be rejected. The bond form may be downloaded at <http://www.wdfi.org/fi/lfs/forms.htm>.
- must NOT reference a street address.
- must identify the exact name of the applicant.
- must identify all trade names or DBA (doing business as) names that the applicant uses. If using more than one DBA, please call our office for further instructions.
- must identify only the fictitious name of the applicant if the Corporations Section of the Wisconsin Department of Financial Institutions required the applicant to obtain a fictitious name.
- must be the original surety bond. The original power-of-attorney form must also be submitted with the bond.
- must be signed by an officer/owner/member/partner whose signature is witnessed or sealed.

B) Financial Statements

An internally prepared balance sheet and income statement must be submitted for the applicant. Audited financial statements should also be submitted if the applicant is audited by a certified public accountant on an annual basis.

The financial statements that are submitted to the division:

- must be prepared according to Generally Accepted Accounting Principles using accrual basis accounting.
- must be for the legal entity that is applying for the license (the parent's financial statements are not acceptable).
- must show a minimum net worth of \$15,000 and a minimum working capital (current assets – current liabilities) of \$7,500.
- must be dated no more than 90 days prior to the date of this application.

The following information must be attached to the financial statements:

- an itemization of the “Other Assets” category (if the balance sheet includes an “Other Assets” category)
- documentation that verifies the cash balance listed on the balance sheet (this only needs to be submitted if cash accounts for more than 20% of the total assets)
- an explanation of how the applicant will maintain a net worth of at least \$15,000 and working capital of at least \$7,500 at all times (this only needs to be submitted if the applicant's equity or working capital are at or near the minimum amounts required by the division)
- an aging report for any accounts receivable identified on the balance sheet.

When evaluating a financial statement, the division typically discounts intangible assets; receivables from officers, stockholders, and other related parties; employee advances; receivables over 90 days past due; and any other assets of questionable value.

If the applicant is a sole proprietorship, provide a personal financial statement dated no more than 90 days prior to the date of this application.

If the applicant is a partnership, each partner must submit a financial statement dated no more than 90 days prior to the date of this application.

C) Solicitor Collector Application(s)

Any solicitor or collector who will be working outside of the office must complete a solicitor/collector application. Each completed application requires a \$15 license fee. The solicitor/collector application form may be downloaded at <http://www.wdfi.org/fi/lfs/forms.htm>.

\*\*\* If the solicitor/collector applicant is a veteran who is choosing to use the Veterans Fee Waiver Program for his/her application; provide the authorization number obtained from the Wisconsin Department of Veterans Affairs in the upper right hand corner of the application and do not include the filing fee.\*\*\*

D) List of Solicitor/Collectors (if applicable)

Provide a list of all solicitors/collectors who will not be working outside of the office but will be using an alias when contacting Wisconsin residents. The list should identify each solicitor's/collector's alias.

Note: Each person may use only one alias and each alias must include a first and a last name.

E) Fees

The fee is \$1,200 plus an additional fee for each solicitor/collector. Make checks payable to the Department of Financial Institutions.

- The \$1,200 fee consists of a \$200 license fee and a \$1,000 nonrefundable investigation fee.
- A \$15 annual license fee is required for each solicitor/collector who will be working outside of the office.

F) Certificate of Good Standing (if applicable)

If the applicant is organized or incorporated in a state other than Wisconsin, provide the division with a certificate of status/certificate of good standing from the state where the applicant is organized or incorporated. The status/certificate should be dated within the previous 90 days and reflect the correct name and the date of organization or incorporation.

G) Criminal History Report

A criminal history report must be submitted for each individual who owns 10% or more of the applicant and for each key officer, key member, or partner of the applicant. Key officers include, but are not limited to, the chief executive officer, chief operating officer, chief financial officer, president, executive or senior vice president (or the highest level vice president if there is no executive or senior vice president), secretary, and treasurer. The criminal history report must be dated within the previous 90 days and must be obtained from the state police/Department of Justice located in the owner's/officer's/member's/partner's state of residence. Reports obtained from third-party background check providers will not be accepted.

H) Officer/Director/Owner Resume(s)

Submit a resume for each individual who owns 10% or more of the applicant and for each key officer, director, key member, or partner of the applicant. The resume should include a summary of educational and employment experiences, the applicable dates of experience, positions held, name of company, and a description of duties.

I) Contracts between Applicant and Independent Contractors (if applicable)

Attach a copy of each contract between the applicant and all independent contractors hired by the applicant. Examples of independent contractors include credit card processors, debit card processors, e-check payment processors and letter vendors.

J) Business Plan

Submit a business plan if the applicant is not yet in operation, or a detailed description of the mode of operations if the applicant is currently operating. A business plan should include a description of the applicant's proposed products and services, its management team, and its records.

**CHECKLIST** (Pages 12 – 13)

The checklist sets forth common problems the division identifies on collection agency license applications. Please answer each question on the checklist.

**AFFIDAVIT** (Page 13)

A duly authorized representative for the applicant should complete and sign the affidavit. The representative's signature must be notarized.


**RETURN APPLICATION MATERIALS TO:**

Department of Financial Institutions  
Division of Banking

*Mailing Address:*  
PO Box 7876  
Madison, Wisconsin 53707-7876

*Street Address:*  
North Tower  
4822 Madison Yards Way  
Madison, Wisconsin 53705

**HOW TO OBTAIN HELP AND ADDITIONAL FORMS:**

-  **INTERNET** - Access the Department of Financial Institutions' website, [www.wdfi.org](http://www.wdfi.org), to:
- download applications, instructions and forms.
  - see answers to frequently asked questions.
  - see a list of collection agencies licensed under Section 218.04, Wisconsin Statutes.

 **TELEPHONE**

Licensed Financial Services Section	(608) 572-2672
Division of Banking	(608) 261-7578

 **FAX**

Division of Banking	(608) 267-6889
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This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

Mailing Address:  
PO Box 7876  
Madison, WI  
53707-7876



Courier Address:  
North Tower  
4822 Madison Yards Way  
Madison, WI 53705

Department of Financial Institutions

Telephone: (608) 261-7578  
Fax: (608) 267-6889

www.wdfi.org

COLLECTION AGENCY LICENSE  
APPLICATION

Print or type the information requested in the spaces provided.

APPLICANT INFORMATION

1.

**Name of applicant:** The "applicant" is the corporation, limited liability company, limited partnership, partnership or sole proprietorship that is applying for the license. If the applicant uses a trade name or DBA (doing business as) name, include that as well.

2.

Address and phone number of applicant's headquarters office

Street:			Telephone Number:
City:	State:	Zip:	FAX Number:

3.

Mailing address of applicant's headquarters office (if different than above)

Street:		PO Box:
City:	State:	Zip:

WISCONSIN OFFICE

Section 218.04(4)(a), Wis. Stats., requires a collection agency to maintain an active office in Wisconsin. Rule DFI-Bkg 74.01(2) defines an active office. A copy of this rule is attached to this application packet or may be accessed from our website at www.wdfi.org.

4. Provide the following information for the Wisconsin office.

Mark this box with an "X" if the Wisconsin office will be at the same location as the headquarters office; if different, indicate below.

Street Address:		
City:	State: WI	Zip:
Telephone:	Fax:	

5. Will the agency's Wisconsin office or reception area be shared with anyone?  Yes  No

If yes, indicate who will share the office quarters and describe the nature of business to be conducted.

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Note: Section 218.04(4)(b), Wis. Stats., indicates that no licensee shall conduct business in any office, room or place of business in which any other business is solicited or engaged in, except as may be authorized in writing by the division. A copy of this statute is attached to this application packet or may be accessed from our website at [www.wdfi.org](http://www.wdfi.org).

**GENERAL INFORMATION**

6. Identify the location where records relating to the collection agency will be maintained for examination purposes:

Street:		City:	
State:	Zip:	Telephone Number:	FAX Number:

7. Identify the type(s) of collection services performed by the applicant:

Commercial                       Consumer                       Letter Writing

8. Provide the applicant's website address, if any:

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9. Provide the name and address of each financial institution where the applicant maintains a collection agency trust account; also identify the account number of each trust account. Attach additional pages as necessary.

Financial Institution:			Account Number:
Street:	City:	State:	Zip:

Financial Institution:			Account Number:
Street:	City:	State:	Zip:

Financial Institution:			Account Number:
Street:	City:	State:	Zip:

10. Will the applicant maintain a Wisconsin trust account if they are issued a Wisconsin collection agency license?

Yes                       No

11. Name, title, address, telephone number and e-mail address of person to whom questions regarding this application should be addressed:

First Name:		Last Name:		Title:
Street:			City:	
State:	Zip:	Telephone Number:	E-mail:	

12. List states in which the applicant, and/or entities related to the applicant, currently hold a license to conduct business as a collection agency. If no collection agency licenses are held in other states, complete this area to disclose "None." Attach additional pages as necessary.

State:	License Number:	Entity name used to conduct business in the noted state:
Name of State Agency:		

State:	License Number:	Entity name used to conduct business in the noted state:
Name of State Agency:		

13. List states, other than Wisconsin, in which the applicant, and/or entities related to the applicant, currently have a pending collection agency license application. If there are no pending collection agency license applications, complete this area to disclose "None." Attach additional pages as necessary.

State:	Name that will be used by the collection agency to conduct business in the noted state:
Name of State Agency:	

State:	Name that will be used by the collection agency to conduct business in the noted state::
Name of State Agency:	

14. Indicate the type of organization with an "X."

- |  |   |
|--|---|
| <input type="checkbox"/> Corporation               | <input type="checkbox"/> Partnership            |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship    |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Other (Please Specify) |

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15. Provide the date and state of Incorporation/Organization.

Date:	<input style="width: 150px; height: 25px;" type="text"/>	State:	<input style="width: 100px; height: 25px;" type="text"/>
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16. If the applicant is a corporation, a limited liability company, or a limited partnership, provide the applicant's Federal Employer Identification Number:

If the applicant is a sole proprietorship or a general partnership, provide each owner's Social Security Number:

Note: Pursuant to Section 218.04(3)(a)1, Wis. Stats., this Department is required to obtain this information from all applicants. The information will be shared with other state agencies for the purpose of matching against tax information and outstanding child and family support data.

17. Has the applicant or any key officer, director, member, partner or owner ever been licensed (credentialed) under any other name(s) in this state or any other state?  Yes  No

If yes, identify the current name of the applicant/individual and identify all other names that the applicant/individual is/was licensed under. Attach additional pages if necessary.

18. Has any key officer, director, member, partner or owner ever been issued a professional license by the State of Wisconsin? Examples include an insurance license, a real estate license or a securities license.  Yes  No

If yes, identify the name of the individual, the type of license the individual was issued, the agency the license was issued by and the license number. Attach additional pages if necessary.

First Name of Individual:	Last Name of Individual:	
Type of License:	Agency:	License Number:

First Name of Individual:	Last Name of Individual:	
Type of License:	Agency:	License Number:

19. Does the applicant use any independent contractors (i.e. credit card processor, debit card processor, e-check payment processor, letter vendor, etc.)  Yes  No

If yes, identify each independent contractor, describe the services that the independent contractor provides and attach a copy of the contract that the applicant has entered into with the independent contractor.



20. Is the applicant presently a defendant in any lawsuits that may materially affect the applicant's financial position?  Yes  No

If yes, provide details including the name of the plaintiff(s), amount(s) sued for, basis for the litigation, and its current status. Attach additional pages if necessary.

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21. Name, title, address, telephone number and e-mail address of person to whom future questions regarding **licensing** matters can be directed if the applicant is issued a Wisconsin collection agency license.

First Name:		Last Name:		Title:
Street:			City:	
State:	Zip:	Telephone Number:	E-mail:	

22. Name, title, address, telephone number and e-mail address of person to whom future questions regarding **complaints** can be directed if the applicant is issued a Wisconsin collection agency license.

First Name:		Last Name:		Title:
Street:			City:	
State:	Zip:	Telephone Number:	E-mail:	

23. Name, title, address, telephone number and e-mail address of person to whom future questions regarding **examination** issues can be directed if the applicant is issued a Wisconsin collection agency license.

First Name:		Last Name:		Title:
Street:			City:	
State:	Zip:	Telephone Number:	E-mail:	

**PERSONNEL INFORMATION**

24. Complete the following chart with personnel information that is relevant to the applicant. Attach additional pages if necessary. You can determine what personnel information you need to provide by reading the following:

**Corporation:** List all key officers and directors. Also list all stockholders who own 10% or more of the outstanding shares. Key officers include, but are not limited to, the CEO, COO, CFO, president, executive or senior vice president (or the highest level vice president if there is no executive or senior vice president), secretary and treasurer.

**Limited Liability Company (LLC):** List all key members. Also list all other members whose interest in the LLC is 10% or more.

**Limited Partnership:** List all general partners. Also list all limited partners whose interest in the limited partnership is 10% or more.

**Partnership:** List all partners.

**Sole Proprietorship:** List proprietor.

First Name:	Last Name:	Birth Date:	
Residence Street Address:	City:	State:	Zip:
<input type="checkbox"/> Mark this box with an "X" if this individual is the <u>only</u> key officer/member/owner of applicant.			
Mark <u>all</u> boxes that apply with an "X":			
<input type="checkbox"/> This individual is a key officer/director/member/partner of applicant and his/her title is _____.			
<input type="checkbox"/> This individual is an owner of applicant and he/she owns _____ % of applicant.			

First Name:	Last Name:	Birth Date:	
Residence Street Address:	City:	State:	Zip:
Mark <u>all</u> boxes that apply with an "X":			
<input type="checkbox"/> This individual is a key officer/director/member/partner of applicant and his/her title is _____.			
<input type="checkbox"/> This individual is an owner of applicant and he/she owns _____ % of applicant.			

First Name:	Last Name:	Birth Date:	
Residence Street Address:	City:	State:	Zip:
Mark <u>all</u> boxes that apply with an "X":			
<input type="checkbox"/> This individual is a key officer/director/member/partner of applicant and his/her title is _____.			
<input type="checkbox"/> This individual is an owner of applicant and he/she owns _____ % of applicant.			

First Name:	Last Name:	Birth Date:	
Residence Street Address:	City:	State:	Zip:
Mark <u>all</u> boxes that apply with an "X":			
<input type="checkbox"/> This individual is a key officer/director/member/partner of applicant and his/her title is _____.			
<input type="checkbox"/> This individual is an owner of applicant and he/she owns _____ % of applicant.			

First Name:	Last Name:	Birth Date:	
Residence Street Address:	City:	State:	Zip:
Mark <u>all</u> boxes that apply with an "X":			
<input type="checkbox"/> This individual is a key officer/director/member/partner of applicant and his/her title is _____.			
<input type="checkbox"/> This individual is an owner of applicant and he/she owns _____ % of applicant.			

First Name:	Last Name:	Birth Date:	
Residence Street Address:	City:	State:	Zip:
Mark <u>all</u> boxes that apply with an "X":			
<input type="checkbox"/> This individual is a key officer/director/member/partner of applicant and his/her title is _____.			
<input type="checkbox"/> This individual is an owner of applicant and he/she owns _____ % of applicant.			

25. Indicate which key officer positions are currently vacant. (This item only needs to be completed if the applicant is a corporation or an LLC that has key officers).

- Chief Executive Officer     
 Chief Operating Officer     
 Chief Financial Officer  
 President     
 Executive/Senior Vice President     
 Secretary  
 Treasurer     
 There are no vacant positions

26. Identify all legal entities that directly own 10% or more of the applicant. If any of the owners are a trust, also identify the grantor(s) of the trust. Attach additional pages if necessary.

Entity Name:			
Address:			
City:	State:	Zip:	% Ownership:

Entity Name:			
Address:			
City:	State:	Zip:	% Ownership:

27. Any legal entity that indirectly owns the applicant must be identified. Provide the following information for each owner of any entity listed in item #26 that owns 25% or more of the entity listed in item #26. Continue up the chain of ownership, listing all 25% or more owners at each level of ownership and providing the following information, until a public reporting company or a natural person is reached. If any of the owners are a trust, also identify the grantor(s) of the trust. Attach additional pages if necessary.

Entity Name or First, Middle and Last Name if an Individual:			Title if Individual:
Address:			
City:	State:	Zip:	% Ownership:

**APPLICANT BACKGROUND INFORMATION QUESTIONNAIRE**

28. This questionnaire must be completed by a key officer, member or partner of the applicant. **These questions pertain to the business identified in item 1 of the application; they do not pertain to the officers, members or partners of the applicant.**

Mark an "X" in the appropriate box. If you answer "Yes" to any question, give all details on a separate sheet.

If any event or action arises after completing these questions and before action is taken by the division on this application that would cause the applicant to answer "Yes" to any question, the applicant must immediately provide all details in writing to the division.

Do not complete this questionnaire if you are a sole proprietor or general partnership.

Yes    No

- a. Has the applicant ever been the subject of disciplinary action including, but not limited to, civil forfeitures, cease and desist orders, injunctions, license suspensions, denials, revocations, warnings, reprimands, enforcement actions, probation and limitations by any regulatory agency in this state or any other state? Provide details about the disciplinary action, including but not limited to date, regulatory agency and type of discipline.
- b. Is disciplinary action pending against the applicant in this state or any other state? Provide details, including but not limited to action, regulatory agency and state.
- c. Has the applicant ever surrendered, resigned, cancelled or been denied a professional license or other credential in this state or any other state? Provide details, including but not limited to date, credential and state.
- d. Has the applicant been the subject of derogatory credit (bankruptcy, judgment, tax lien, collections, etc.) within the past 10 years? Provide details, including but not limited to date, circumstances and court or agency.
- e. Has the applicant been denied credit within the past 10 years? Provide details, including but not limited to entity denying credit and date.
- f. Has the applicant been the subject of any suit, claim, or other civil action in this state or any other state within the last 10 years that was settled or included a ruling or decision not in the applicant's favor? Provide a description of the suit, claim, or other civil action, agency or court, date filed, and outcome.
- g. Is a suit, claim or other civil action pending in this state or any other state against the applicant? Provide details, including but not limited to a description of the suit, claim, or other civil action, agency or court, date filed, and current status.
- h. Has a bonding company ever denied, paid out on, or revoked a bond for the applicant? Provide a detailed description of the circumstances that led to the bond being denied, paid out on, or revoked, and the date such action occurred.

Initials of individual signing this questionnaire: \_\_\_\_\_

Yes   No

- i. Has the applicant ever been named as a respondent/defendant in a financial services-related consumer-initiated arbitration which is still pending; or resulted in an arbitration award against the applicant; or was settled for any amount? Provide details, including but not limited to a description of why the consumer initiated the arbitration, the date arbitration commenced, and the current status or outcome.

I, , the undersigned, being a key officer, member or partner  
(Print Name)

of  hereby certify that each statement and  
(Name of Applicant)

representation in the Applicant Background Information Questionnaire is true and correct to the best of my knowledge.

(Signature)

(Title)

(Date)

Note: This Department may independently conduct checks into background, experience and related matters in conjunction with the filing of this application and representations therein. Failure to complete this application completely and accurately may result in denial or revocation of the license, and any other penalties as provided by law.

**INDIVIDUAL BACKGROUND INFORMATION QUESTIONNAIRE**

29. This questionnaire must be completed by each key officer, director, member, partner or owner of the applicant. Key officers include, but are not limited to, the chief executive officer, chief operating officer, chief financial officer, president, executive or senior vice president (or the highest level vice president if there is no executive or senior vice president), secretary and treasurer.

Mark an "X" in the appropriate box. If you answer "Yes" to any question, give all details on a separate sheet. Copies of this form may be made.

If any event or action arises after completing these questions and before action is taken by the division on this application that would cause the individual to answer "Yes" to any question, the individual must immediately provide all details in writing to the division.

Yes   No

- a. Have you ever been convicted of any misdemeanor or felony in this state or any other state? Provide details about the misdemeanor or felony, including but not limited to conviction, conviction date, penalty and court.
- b. Are there any felony or misdemeanor charges pending against you in this state or any other state? Provide details about the pending charges, including but not limited to charge, date and court.
- c. Are you on probation or on parole for a conviction? Provide details including the terms of incarceration and, if applicable, list name, address and telephone number of probation or parole officer.
- d. Have you ever been the subject of disciplinary action including, but not limited to, civil forfeitures, cease and desist orders, injunctions, license suspensions, denials, revocations, warnings, reprimands, enforcement actions, probation and limitations by any regulatory agency in this state or any other state? Provide details about the disciplinary action, including but not limited to date, regulatory agency and type of discipline.
- e. Is disciplinary action pending against you in this state or any other state? Provide details, including but not limited to action, regulatory agency and state.
- f. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in this or any other state? Provide details, including but not limited to date, credential and state.
- g. Has your employment involuntarily been suspended or terminated in this state or any other state? Provide details about the suspension or termination, including but not limited to name and location of employer, reason and date.
- h. Have you been the subject of derogatory credit (bankruptcy, judgment, tax lien, collections, etc.) within the past 10 years? Provide details, including but not limited to date, circumstances and court or agency.
- i. Have you been denied credit within the past 10 years? Provide details, including but not limited to entity denying credit and date.

Initials of individual signing this questionnaire: \_\_\_\_\_

Yes   No

- j. Have you been the subject of any suit, claim, or other civil action in this state or any other state within the last 10 years that was settled or included a ruling or decision not in your favor? Provide a description of the suit, claim, or other civil action, agency or court, date filed, and outcome.
- k. Is a suit, claim or other civil action pending against you in this state or any other state? Provide details, including but not limited to a description of the suit, claim, or other civil action, agency or court, date filed, and current status.
- l. Have you been the key officer, director, member, partner or owner of any company that failed in business or filed bankruptcy while you were a key officer, director, member, partner or owner? Provide details, including company name(s), your position with the company, dates, and circumstances.
- m. Have you been the key officer, director, member, partner or owner of any company that was the subject of disciplinary action including, but not limited to, civil forfeitures, cease and desist orders, injunctions, license suspensions, denials, revocations, warnings, reprimands, enforcement actions, probation and limitations by any regulatory agency in this state or any other state while you were a key officer, director, member, partner or owner? Provide details about the disciplinary action, including but not limited to company name, date, regulatory agency and type of discipline.

I, , the undersigned, being a key officer, director, member or  
(Print Name)

partner of  hereby certify that each statement and  
(Name of Applicant)

representation in the Individual Background Information Questionnaire is true and correct to the best of my knowledge.

(Signature) (Title) (Date)

Note: This Department may independently conduct checks into background, experience and related matters in conjunction with the filing of this application and representations therein. Failure to complete this application completely and accurately may result in denial or revocation of the license, and any other penalties as provided by law.





**Yes No N/A**

If the Corporations Section of the Wisconsin Department of Financial Institutions required the applicant to use a fictitious name, does the surety bond identify only the fictitious name? Refer to page 2 of the instructions.

Has page 2 of the bond been signed by an officer/owner/member/partner whose signature has been either witnessed or sealed? Refer to page 2 of the instructions.

Have you attached the original surety bond and the power-of-attorney form that accompanies it to this application? (A photocopy of the bond is not acceptable.) Refer to page 2 of the instructions.

Have the financial statements been prepared according to generally accepted accounting principles on an accrual basis? Refer to page 2 of the instructions.

Are the financial statements for the entity that is identified in item #1 of the application? (We will NOT accept a financial statement for the applicant's parent company.)

Have you attached an accounts receivable aging report to your application?

**AFFIDAVIT**

32. I, \_\_\_\_\_, the undersigned, being the duly authorized representative of  
(Print Name)

\_\_\_\_\_ hereby certify that each statement and  
(Name of Applicant)

representation in this application and in attachments to this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature) (Title) (Date)

SUBSCRIBED AND SWORN TO BEFORE ME  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_

This form is required under Section 218.04, Wisconsin Statutes. Refusal to provide this information may result in the denial of a license. Personally identifiable information on this form may be matched against tax information, outstanding child and family support data and law enforcement agencies. Failure to complete this application completely and accurately may result in denial or revocation of license, and any other penalties as provided by law.

This document can be made available in alternate formats upon request to qualifying individuals with disabilities