

Executive Office for United States Trustees

An application package is complete if all questions/items have been responded to and either original or conformed copies of the documents requested in the application are attached. Failure to file a complete application may result in the delay or denial of the application. Responses to the questions on this application are continuing and the applicant must promptly notify the Executive Office for United States Trustees of any circumstances that would cause an answer to any question to change. If additional space is required to complete an answer, attach a separate page with the name of the individual/organization, social security number/federal tax identification number, and the question number indicated on the top, right-side of the page.

1.1 Provider is a(n): _____ Individual _____ Unincorporated Association
 _____ Corporation _____ Limited Liability Corp.
 _____ Partnership _____ Limited Liability Partnership
 Other _____

--

--

1.5 Federal Tax ID No. or Social Security No.: _____ Telephone No.: _____
Fax No.: _____ Website: _____ Email : _____

- 1.7 Name, street address, telephone number, Email address, and fax number of the registered agent for the Provider.

- 1.8 List each judicial district for which the Provider requests approval.

- 1.9 List all locations of branch and satellite offices, if any. For each office where courses will be provided to debtor students, provide the mailing address, street address, telephone number, fax number, business hours, Email address, Internet website, and number of personnel employed at each location.

Section 2. Qualifications/Experience of Provider

- 2.1 How long has the Provider been in business? _____ Years _____ Months
- 2.2 How long has the Provider conducted personal financial management instructional courses?
_____ Years _____ Months
- 2.3 Disclose the total number of students taught by the Provider within the last 12-month period.

- 2.4 State all names, including any d/b/a, a/k/a, f/k/a, and street and mailing address(es) the Provider has used in the last three years.

- 2.5 Identify each owner, officer, director, partner, or trustee who served within the last three years and provide their term of office, street address, principal occupation, employment experience, and state whether they have been convicted of a crime involving fraud, dishonesty, or false statements.

- 2.6 Identify each individual or entity who regularly refers debtor students to the Provider. State each individual's or entity's street address, mailing address, telephone number and fax number, Email address, and Internet website, if any.

- 2.7 State all affiliated businesses or subsidiaries of the Provider within the last three years, including those persons identified as owners, officers, directors, partners, and trustees of those affiliated business or subsidiaries; whether organized for profit or not for profit; and the location and the nature of the business of each such affiliate business or subsidiary.

- 2.8 State the name of each business with which the Provider conducts business in which an owner, officer, director, employee, or insider of the Provider holds, directly or by nominee, a 20 percent ownership or financial interest.

- 2.9 Disclose any accreditation(s) or certification(s) by accrediting or certifying organizations.

- 2.10 If, at any time, the Provider's accreditation or certification was revoked or suspended, or lapsed, within the last five years, disclose when and why.

- 2.11 List each state in which the Provider is licensed to conduct business.

- 2.12 List all legal actions, proceedings, investigations, arbitrations, mediations, audits by federal or state agencies, and potential bond or other claims in which the Provider is a party, pending or adjudicated, within the last three years, and the outcomes.

- 4.3 If providing telephonic or Internet courses, describe the Provider's experience and proficiency in providing such courses via the telephone and/or the Internet.

- 4.4 Provide the online address for any Internet personal financial management course.

- 4.5 Attach original or conformed copies of the following to the application:

- Course materials used for planning purposes and instructional materials which will be regularly provided to the student debtors whether the course is taught in a classroom, by telephone, or over the Internet.

Section 5. Adequate Facilities

- 5.1 Complete and attach Appendix B, Provider Checklist for Adequacy of Facilities, for each classroom location.

Section 6. Reasonableness of Fees

- 6.1 Disclose the course fee and schedule for each location, including fee and access information for telephonic and Internet courses.

6.2 Attach original or conformed copies of the following to the application:

- Fee schedule or suggested contribution schedule for all fees and contributions to be paid by debtor students, including any fees charged for materials or other items.

Section 7. Acknowledgments, Agreements, and Declarations

7.1 Complete and attach an originally executed Appendix C, Acknowledgments, Agreements, and Declarations in Support of Application for Approval as a Provider of a Personal Financial Management Instructional Course.

7.2 Attach original or conformed copies of the following to the application:

- Disclosure forms that will be provided to student debtors.

Section 8. Certification and Signature

I declare under penalty of perjury that I am authorized to complete this application on behalf of the above named entity; I have examined the contents of the application, enclosures, and other accompanying documents; and I believe that all representations are true and correct to the best of my knowledge, information, and belief.

Signature of Owner, President, Chairman, Trustee, or
Other Authorized Official

Type or Print Name of Signor

Type or Print Title of Signor

Date