



State of Connecticut
 Department of Banking
Consumer Credit Division
 260 Constitution Plaza, Hartford, CT 06103



REQUEST FOR CHANGE OF SUPERVISOR IN CHARGE
Debt Adjuster

Instructions:

1. Please provide **full given name, full residential address and date of birth** of person with supervisory authority over debt adjuster activities at the licensed location. First initials and P.O. Box addresses are not acceptable.
2. Please complete a **Personal and Business History Statement** form for the new person in charge.
3. Any questions, please contact Nancy Wawruck at 860-240-8221 or via e-mail at nancy.wawruck@ct.gov.

Company Name _____ **License Number** _____

DBA Name (if applicable) _____

CURRENT SUPERVISOR IN CHARGE

Name _____
Title _____
Street Address (residential) _____
City, State, Zip Code _____
Date of Birth _____

PROPOSED SUPERVISOR IN CHARGE

Name _____
Title _____
Street Address (residential) _____
City, State, Zip Code _____
Date of Birth _____

Name of person completing this form _____ **Date:** _____

Telephone # _____ **E-mail Address** _____



PERSONAL AND BUSINESS HISTORY STATEMENT

Company Name: _____

Identifying Information

Individual Name:

Date of Birth (MM/DD/YYYY):

State of Birth:

Country/Province of Birth:

US Citizen:

Social Security Number:

Business Phone:

Home or Cell Phone:

Personal Email Address:

Residential Address

_____	_____	_____	_____	_____
Number & Street	City	State/Province	Country	Postal Code

Employment History - List 10 years of your employment history

From	To	Employer	Location	Position Held

What experience have you had in the type of business your company is applying for?

Other Business

Are you currently engaged in any other business as a proprietor, partner, officer, director, employee, trustee, agent, or otherwise?

Yes

No

NOTE: If "Yes", briefly describe.

Disclosure Questions

(a) Have you ever filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition?

Yes

No

(b) Have you ever been the subject of receivership proceedings?

Yes

No

(c) Have you ever made an assignment for the benefit of creditors?

Yes

No

(d) Have you ever been refused any license by the Department of Banking or any other governmental body?

Yes

No

(e) After such license was granted, was same ever suspended or revoked?

Yes

No

(f) Has application for any license ever been withdrawn?

Yes

No

(g) Is there any litigation pending against you or any firm or company of which you are now a partner, officer, director or manager?

Yes

No

(h) Were you ever a partner, officer, director or manager of any firm or company which has filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition or for which a receiver has been appointed either during the time or within one year after you were so connected therewith?

Yes

No

(i) Have you ever been charged in any suit with any fraudulent or illegal acts in any transaction of any kind or character?

Yes

No

(j) Have you ever been involved in any civil litigation of any character arising out of the consumer credit business?

Yes

No

(k) Have you ever defaulted in the payment of money collected from others?

Yes

No

(l) Have you ever been convicted of any crime (not including motor vehicle traffic misdemeanors)?

Yes

No

NOTE: If the answer to any of the above questions is "YES", provide complete details of all events or proceedings in an attachment.

Signature of Applicant

(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)

(Commissioner of the Superior Court)

(My Commission Expires)