



State of New Hampshire

Banking Department

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Bank Commissioner

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www.nh.gov/banking

399-D-REN - RENEWAL FORM FOR DEBT ADJUSTER

Use this form if you currently hold a valid NH debt adjuster license that you wish to renew. This form may be used to renew the principal office license and multiple NH branch licenses of a single legal entity. However, only currently licensed locations may be renewed. If you seek to obtain a new principal office license or add new branch office license(s) in New Hampshire, do not use this form, but instead use the appropriate initial application form. The principal office must be licensed wherever it is located, but only branch offices located in New Hampshire need to be licensed.

Renewal Fees: \$500 for the principal office and \$500 for each New Hampshire branch that is being renewed. Fees may be paid in a single check or multiple checks made payable to "The State of New Hampshire".

FOR OFFICE USE ONLY

Ck. # _____

Amt. \$ _____

Rec'd by _____ Date _____

Entered By _____ Date _____

App. Complete _____ Date _____

Approved By _____ Date _____

Pr. Lic. # _____ Date Mailed _____

Debt Adjuster License type currently held:

- ____ Debt Adjuster Principal Office (\$500)
- ____ Number of NH branches being renewed (\$500 each)
(Attach an additional sheet if necessary)

Enter the current principal office license number:

Enter the current NH branch office license number(s):

_____	_____
_____	_____
_____	_____
_____	_____

Complete all items and sign the affirmation.

Date of this filing: _____, 20__ for renewal of NH debt adjuster license(s) for Calendar Year 20__.

NAME AND IDENTIFICATION OF LICENSEE

1. Legal name of licensee: _____
Trade name, if any: _____
2. Licensee's federal tax ID number: _____ Licensee's fiscal year end date _____
3. Address of licensee: _____
(Principal Office) (Street) (City) (State) (Zip)
Mailing address, if different: _____
(Street or PO Box) (City) (State) (Zip)
4. Communications: _____
(Tel. no.) (Fax no.) (Cell no.)

(e-mail address)

Please note that pursuant to NH RSA 399-D:15,VII, all persons licensed by the NH Banking Department must report and amend their filing(s) for any material changes (including but not limited to change in owners, officers, directors, managers including NH branch managers, address, form of organization, contact information, FYE, etc.) to the documents and records on file with the department. The report of an amendment must be filed within 30 days of the event that requires the filing of an amendment.

THE PERSON NAMED BY THE COMPANY AS ITS PRINCIPAL LICENSING CONTACT MUST MAKE THE AFFIRMATION BELOW AND SIGN THE APPLICATION UNDER PENALTY OF UNSWORN FALSIFICATION, RSA 641:3. IF YOU ARE NOT SURE WHO THE COMPANY HAS NAMED IN NH, PLEASE CALL THE LICENSING DIVISION AT 603-271-8675.

AFFIRMATION

I subscribe and affirm, under penalty of perjury, that the statements made in this filing have been examined by me and to the best of my knowledge and belief are true, correct and complete, and that I am duly authorized to execute this affirmation. I further affirm that I have reviewed the licensee's records and that all documents on file with the New Hampshire Banking Department, in connection with the licensee's debt adjuster license(s), are true and accurate as of this date.

I acknowledge on behalf of the licensee that the licensee's business will be operated in accordance with the New Hampshire Revised Statutes Annotated and Rules of the New Hampshire Banking Department, and further acknowledge that the New Hampshire Banking Department is authorized to conduct examinations of the business affairs and records of the licensee's business at any time with or without notice, and that all books, papers, files, records and related materials, whether electronically stored or otherwise, shall be subject to the Department's examination.

Date _____

For _____
(Print or type the Licensee's name)

By _____
(Print or type name of the authorized signatory)

Signature _____
(Signed under penalty of Unsworn Falsification
pursuant to NH RSA 641:3)

Title _____