



STATE OF WYOMING
DEPARTMENT OF AUDIT

Matthew H. Mead
Governor

Jeffrey C. Vogel
Director

Albert L. Forkner
Commissioner

DIVISION OF BANKING
Collection Agency Board

(307) 777-3497 Fax (307) 777-3555 Email: wyomingbankingdivision@wyo.gov

AFFIDAVIT OF GOOD MORAL CHARACTER

(Please complete this form for the proposed resident manager, Rules and Regulations, Chapter 2, Section 8)

I, _____, being first duly sworn according to law, depose and say:

- 1. I am a citizen of the State of Wyoming.
2. I have resided at _____, _____,
(street address) (city)

Wyoming, County of _____, for a period of more than one year
preceding the date of this affidavit.

- 3. My telephone number is _____.
4. I am well acquainted with the following person in connection with the application for a
Collection Agency license:

Name Address

- 5. I have known this person for _____ years.

I know of my own knowledge that the above named person is a person of good moral character and integrity.

Signature

OATH

I do solemnly swear that the foregoing answers and statements are true and correct to the best of my knowledge
and that I have not omitted any material fact touching on such matters.

State of Wyoming)
)ss
County of _____)

Before me, _____, a Notary Public in and for _____
County, State of Wyoming, personally appeared _____. He/She being first duly sworn
by me upon his/her oath says that the facts alleged in the foregoing instrument are true.

Witness my hand and official seal.

(SEAL)

Notary Public

My commission expires: _____