



Consumer Credit Counseling Proctor* Registration Form

Submit Via Fax
to: LEGAL ~ CREDIT COUNSELING
803-734-4299

*The Proctor must be a Notary Public. Proctor will be active for two years from the date of filing.

Name _____

Please print.

Email _____ Business Phone _____

Credit Counseling Organization _____

mailing address

city state zip

I hereby apply to become a Proctor for the above-named organization, and I attest to having qualities of honesty, integrity, and trustworthiness. I have not had any civil judgment entered against me based on fraud, misrepresentation, or deceit. I have read and agree to comply with the Instructions for a Designated Proctor.

Signature

Title _____ Date _____

I, as owner, partner, member, or officer acknowledge and approve the above-named person to serve as Proctor.

Signature REQUIRED

Title _____ Date _____