**\*\*\*BRANCH APPLICATION\*\*\***

**BAD CHECK DIVERSION PROGRAM REGISTRATION APPLICATION**

**STATE OF MAINE**

**BUREAU OF CONSUMER CREDIT PROTECTION**

**35 STATE HOUSE STATION**

**AUGUSTA, MAINE 04333-0035**

**TEL: (207)624-8527**

**FAX: (207)582-7699**

DATE APPLICATION REC’D:

AMOUNT FEE REC’D:

CASH [ ] CHECK [ ]

CHECK NO:

CHECKED BY:

In accordance with the provisions of 32 M.R.S.A., §11013-A *et seq*.,

application is hereby made for a registration as a Bad Check Diversion

Program.

1. Full Trade Name of Private Entity Operating Diversion Program (Including D/B/As):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Address of District Attorney’s Office Sponsoring Program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Address of Home Office For Diversion Program Operator:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Office License #: \_

1. Attach to the application a résumé of the person who will be actively in charge of the branch office, indicating previous experience or qualifications that bear on the issue of competency in operating a bad check diversion program.
2. Identify the financial institution where the trust account will be maintained, and the numbers assigned by the institution to the account:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Include an application fee for the branch office in the amount of $200. Make any checks is payable to “Treasurer, State of Maine.”
2. For applicants seeking to maintain their books and records outside of the State of Maine, please include on a separate sheet a statement from an officer of the applicant indicating the applicant’s willingness to make such records available upon request.

Maine law [5 M.R.S.A. §130 (1991)] requires assessment of $20 for any check returned by your bank for insufficient funds.

(If a Corporation, affix

Corporate seal here)

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

####  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### County

of: , ss. , 200\_\_\_\_\_

Personally appeared the above-named and made oath to the truth of the statements subscribed,

Before me,

 \_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public/Justice of the Peace

**PLEASE MAIL YOUR APPLICATION ADDRESSED AS FOLLOWS:**

**REGULAR MAIL (US Postal Service): EXPRESS/OVERNIGHT MAIL (Other Than USPS):**

STATE OF MAINE BUREAU OF CONSUMER CREDIT PROTECTION

BUREAU OF CONSUMER CREDIT PROTECTION GARDINER ANNEX

35 STATE HOUSE STATION 76 NORTHERN AVENUE

AUGUSTA, ME 04333-0035 GARDINER, ME 04345