**STATE OF MAINE**

**BUREAU OF CONSUMER CREDIT PROTECTION**

### 35 STATE HOUSE STATION

### AUGUSTA, ME 04333-0035

TELEPHONE: (207) 624-8527 FAX: (207) 582-7699

## Guaranteed Asset Protection (GAP) Waiver Administrators

**Initial Application**

CALENDAR YEAR \_\_\_\_\_\_\_\_\_\_\_\_

In accordance with the provisions of the Maine’s Guaranteed Asset Protection Waiver statutes (10 MRS, Chapter 229), registration is hereby filed with the Superintendent of the Bureau of Consumer Credit Protection by a company providing administrative or operational functions pursuant to a waiver program.

#### FOR OFFICE USE ONLY

DATE NOTIFICATION REC’D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT FEE REC’D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CASH [ ] CHECK [ ] CREDIT CARD [ ]

CHECK NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHECKED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE ENTRY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **BUSINESS NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **ADDRESS:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **CITY/TOWN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **STATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **ZIP:** \_\_\_\_\_\_\_\_\_
4. **D/B/A:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FEIN/SS#:** \_\_\_\_\_\_\_\_\_\_\_\_\_
5. **TELEPHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **COUNTY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **NUMBER OF ADDITIONAL LOCATIONS OF YOUR BUSINESS THAT ADMINISTER GAP WAIVER CONTRACTS WITH MAINE CONSUMERS:** \_\_\_\_\_\_\_ **ADDRESSES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (Use separate sheet if necessary)

1. **LOCATION WHERE RECORDS OF GAP WAIVER ADMINISTRATION ARE STORED OR MAINTAINED:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**8. CONTACT PERSON FOR EXAMS –** Provide the name, title, address and telephone number of the person to contact for the scheduling of routine compliance examinations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. CONTACT PERSON FOR CONSUMER COMPLAINTS –** Provide the name, title, address and telephone number of the person to contact for responses to consumer complaints:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. BUSINESS STRUCTURE:**

[ ] PROPRIETORSHIP [ ] PARTNERSHIP [ ] CORPORATION [ ] LLP/LLC

**11. NAMES AND ADDRESSES OF PROPRIETOR, PARTNERS, OR CORPORATE/ LLP/LLC OFFICERS *and* CORPORATE/LLP/LLC OWNERS OR CONTROL PERSONS:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Use separate sheet if necessary)

12. **NAME AND ADDRESS OF PERSON TO WHOM WE MAY SEND LEGAL NOTICES:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1**3. PROVIDE SAMPLE COPIES OF ALL FORM WAIVERS USED OR PROPOSED FOR USE WITH MAINE CONSUMERS.**

14. LIST INFORMATION ABOUT ALL LENDERS AND CREDITORS FOR WHICH YOUR COMPANY ADMINISTERED GAP WAIVERS FOR MAINE RESIDENTS DURING THE MOST RECENT CALENDAR YEAR:

##### NAME ADDRESS

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

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**15. HOW MANY GAP WAIVERS DID YOUR COMPANY ADMINISTER FOR MAINE RESIDENTS DURING THE MOST RECENT CALENDAR YEAR? \_\_\_\_\_\_\_**

  **16. FEES DUE:**

1. INITIAL NOTIFICATION FEE (Main Office) $ \_\_\_\_\_\_\_\_\_**200.00**\_\_\_\_\_\_\_\_\_\_

I hereby certify that the statements in the foregoing report are true and correct to the best of my knowledge and belief.

Dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Signature

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

 (Name Typed or Printed Legibly)

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

**RETURN WITH PROPER FEES TO:**

**Bureau of Consumer Credit Protection, #35 State House Station, Augusta, ME 04333-0035**

MAKE CHECKS PAYABLE TO “TREASURER, STATE OF MAINE”

Maine law (5 M.R.S.A. §130) requires assessment of $20 for any check returned for insufficient funds.