



STATE OF WYOMING
DEPARTMENT OF AUDIT

DIVISION OF BANKING
Collection Agency Board

Ph: (307) 777-3497 Fax (307) 777-3555 Email: ssmith@wyaudit.state.wy.us

Dave Freudenthal
Governor

Michael Geesey
Director

Jeffrey C. Vogel
Commissioner

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: \_\_\_\_\_