



**LIST OF ADDITIONAL OFFICE(S) OR DBA'S FOR A  
DEBT MANAGEMENT SERVICE PROVIDER**

This form is only to be filed with your initial registration for a debt management service provider registrant.

**Applicant:** \_\_\_\_\_

DBA (Operating name) \_\_\_\_\_

Physical address (No P.O. Boxes) \_\_\_\_\_

City State Zip

Mailing address (if different from above) \_\_\_\_\_

City State Zip

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Individual responsible for daily operations at this location \_\_\_\_\_

DBA (Operating name) \_\_\_\_\_

Physical address (No P.O. Boxes) \_\_\_\_\_

City State Zip

Mailing address (if different from above) \_\_\_\_\_

City State Zip

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Individual responsible for daily operations at this location \_\_\_\_\_

DBA (Operating name) \_\_\_\_\_

Physical address (No P.O. Boxes) \_\_\_\_\_

City State Zip

Mailing address (if different from above) \_\_\_\_\_

City State Zip

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Individual responsible for daily operations at this location \_\_\_\_\_

**The Office of Consumer Credit Commissioner obtains information from this form and certain third party sources. With few exceptions, you may review and correct the information we collect. To be informed about the information we collect or to make an open records request, contact our Public Information Officer at 512-936-7639 or [info@occc.state.tx.us](mailto:info@occc.state.tx.us).**