



DELAWARE
DEPARTMENT OF JUSTICE

ACCREDITATION ORGANIZATION REQUEST FOR APPROVAL

This application is for approval as an independent accrediting organization pursuant to the Delaware Uniform Debt-Management Services Act, 6 *Del. C.* § 2406A(9).

Name of Organization: _____

Address: _____

Telephone: _____

Fax: _____

Web Site Address: _____

Application Contact Person: _____ Title: _____

E-mail Address: _____

Telephone Number: _____ Fax Number: _____

PLEASE ATTACH THE FOLLOWING INFORMATION FOR CONSIDERATION:

1. Description of the organization's accreditation program for providers of debt-management services.
2. Description of how the organization is independent of debt-management services providers and any relevant supporting documents.
3. Amount of time it takes for a provider to complete the accreditation process.
4. Copies of all forms, background materials, or applications given to providers seeking to become accredited.
5. Information about how long accreditation is active and the renewal process.
6. A list of the fees involved.