

## OFFICER INTERROGATORY

This interrogatory must be completed by each officer or other individual having a right to participate in the management of the applicant's business in the State of Nebraska. This is to be completed in addition to the MU2 Individual Form in NMLS.

\_\_\_\_\_  
Name of Officer or Manager

\_\_\_\_\_  
Title

\_\_\_\_\_  
Residence Address, City, State, ZIP

### Questionnaire

1. Have you ever been engaged in any kind of collection agency work? \_\_\_\_ Yes \_\_\_\_ No

**If yes, describe your positions, including length of experience, details of your roles, and any training you received:  
(attach additional pages if necessary)**

2. Have you ever been convicted of any criminal offense or is there any criminal charge against you now pending (other than minor traffic violations)? \_\_\_\_ Yes \_\_\_\_ No

**If yes, please explain on separate pages giving full details including dates, places, all known facts and, if charges are pending, upcoming court dates.**

3. Have you read and do you understand the provisions of the [Collection Agency Act](#)? \_\_\_\_ Yes \_\_\_\_ No

### References

List three people unrelated to you who can attest to your reputation for honesty and fair dealings.

1. \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Residence Address, City, State, ZIP

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2. \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Residence Address, City, State, ZIP

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3. \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Residence Address, City, State, ZIP

**Authorization For Release of Information and  
Verification of Truthfulness and Completeness**

I hereby authorize the Secretary of State as Chairman of the Nebraska Collection Agency Board to investigate and verify any information contained in my collection agency application or any other information relevant to my qualifications for licensure.

I verify that the information supplied in this Officer Interrogatory is true and complete to the best of my knowledge and I understand that false or misleading statements shall be grounds for denial of the application for a Collection Agency License.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date