



KS Credit Service Organization License Surrender Checklist (Company)

CHECKLIST SECTIONS

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GENERAL INFORMATION

Instructions

1. File the surrender request through NMLS.
2. There is no fee to surrender.
3. Send the below surrender report to licensing@osbckansas.org upon your surrender request. We may request additional information upon review of your surrender. Please check your email for such requests.

Help Resources

- [Company License Surrender Requests Quick Guide](#)
- [License Status Review & Definitions Quick Guide](#)

Agency Contact Information

Contact Consumer and Mortgage Lending licensing staff by phone at 785-296-1365 or send your questions via email to licensing@osbckansas.org for additional assistance.

For U.S. Postal Service:

Office of the State Bank Commissioner
CML Licensing
700 SW Jackson St.
Suite 300
Topeka, KS 66603

For Overnight Delivery:

Office of the State Bank Commissioner
CML Licensing
700 SW Jackson St.
Suite 300
Topeka, KS 66603

THE APPLICANT/LICENSEE IS FULLY RESPONSIBLE FOR ALL OF THE REQUIREMENTS OF THE LICENSE FOR WHICH THEY ARE APPLYING. THE AGENCY SPECIFIC REQUIREMENTS CONTAINED HEREIN ARE FOR GUIDANCE ONLY TO FACILITATE APPLICATION THROUGH NMLS. SHOULD YOU HAVE QUESTIONS, PLEASE CONSULT LEGAL COUNSEL.

NMLS ID Number	
Licensee Legal Name	

REQUIREMENTS COMPLETED IN NMLS		
Complete	KS Credit Services Organization License	Submitted via...
<input type="checkbox"/>	Submission of Surrender Request through Company Form (MU1): Request the surrender of the license through the submission of the Company Form (MU1). See the Company License Surrender Requests Quick Guide for instructions.	NMLS

REQUIREMENTS SUBMITTED OUTSIDE OF NMLS

Complete	KS Credit Services Organization License	Submitted via...
<input type="checkbox"/>	<p>INSTRUCTIONS: Pursuant to K.S.A. 50-1116 et seq., all Credit Services Organization registrants are required to file an annual written report with the Office of the State Bank Commissioner (OSBC). Please complete the below chart and email or mail to the OSBC.</p> <p>When used below, "YTD PERIOD" means JANUARY 1 through the SURRENDER/LAPSE DATE above.</p>	<p>Email to: licensing@osbckansas.org</p>

KANSAS CREDIT SERVICES ORGANIZATION ACTIVITY		Number of Contracts (#)	Dollar Volume (\$)
1	Enter the total number (#) of new Debt Management Service contracts entered into with Kansas consumers during the YTD PERIOD:		
2	Enter the total dollar amount (\$) of moneys remitted to your organization by Kansas consumers during the YTD PERIOD which were held in an established trust account for disbursement to their creditors:		
3	Enter the total dollar amount (\$) of fees paid by Kansas consumers to your organization during the YTD PERIOD, itemized as follows:		
3a	Consultation Fees: \$	3d	Voluntary Contributions: \$
3b	Maintenance Fees: \$	3e	Other Fees (Explain below): \$
3c	Counseling Fees: \$	Describe Other Fees listed in 3e:	
4	Enter the total number (#) of Kansas Debt Management Service contracts successfully completed OR transferred* in the YTD PERIOD:		
5	Enter the total number (#) of Debt Management Service contracts existing with Kansas consumers as of SURRENDER/LAPSE DATE above:		
6	Enter the dollar amount of your organization's total assets as of the last fiscal year-end period:		

<p>I hereby swear and affirm that the information contained herein is true and correct to the best of my knowledge and belief. Further, I understand that filing with the commissioner any document or statement containing any false representation, inaccuracy, or omission may cause the Credit Services Organization Registration to be denied, suspended, or revoked in accordance with K.S.A. 50-1116 et seq.</p>	<p>Email to: licensing@osbckansas.org</p>			
<table style="width: 100%;"> <tr> <td style="width: 50%;">Print Name of Authorized Officer:</td> <td style="width: 50%;">Signature of Officer:</td> </tr> </table>	Print Name of Authorized Officer:	Signature of Officer:	<table style="width: 100%;"> <tr> <td style="width: 70%;">Date:</td> </tr> </table>	Date:
Print Name of Authorized Officer:	Signature of Officer:			
Date:				

ATTESTATION AND SIGNATURE

The above section should be completed by an Authorized Executive Officer of the Credit Services Organization.