



**DEBT MANAGEMENT SERVICES  
CHANGE OF STATUS OF CERTIFICATION FORM**

A licensee who has any changes in its status regarding the licensees' certified credit counselors, supervisors or managers with direct supervisory duties of credit counselors shall notify the Department in writing **within ten (10) days** of the change. The completed document(s) should be emailed to [ra-asklicensing@pa.gov](mailto:ra-asklicensing@pa.gov). Please list the information on the individual whose information is being changed in the spaces provided below. Attach additional sheets if necessary.

**Individual Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Hire Date:** \_\_\_\_\_

**Work/Office Address:** \_\_\_\_\_

**Certifying Organization/Association** (if applicable): \_\_\_\_\_

**Check the applicable item AND provide a brief explanation in the Additional Information section:**

**Certification Completed:**

**Certificate Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Certification Revoked:**  **Change in Employment:**  **Other:**

**Additional Information:** \_\_\_\_\_

**Effective Date of Change:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Signature and Title of Authorized Person (Control Person) for Licensee**

**Company Name:** \_\_\_\_\_ **License #:** \_\_\_\_\_

Printed Name of Authorized Person (control person)

Title

**I affirm that the statements contained in this form are true and correct.**

Signature of Authorized Person (control person)

Date