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**SUPPLEMENTAL  
ADJUSTMENT SERVICE COMPANY  
APPLICATION QUESTIONS**

**Purpose:** A completed Supplemental Adjustment Service Company Application Questions form must be submitted to the Department of Financial Institutions – Division of Banking (DFI) for consideration of licensure. This form only needs to be completed by companies that have applied for a Wisconsin adjustment service company license through the Nationwide Multistate Licensing System (NMLS).

**Notice:** This form is required under Section 218.02, Wisconsin Statutes. Refusal to provide this information may result in the denial of a license. Personally identifiable information on this form may be matched against tax information, outstanding child and family support data and law enforcement agencies. Failure to complete this form completely and accurately may result in denial or revocation of license, and any other penalties as provided by law. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

1. Applicant Name. The “applicant” is the corporation, limited liability company, limited partnership, partnership, or sole proprietorship that is applying for the license. If the applicant uses a trade name or DBA (doing business as) name, include that as well.

2. Will the applicant’s office or reception area be shared with anyone? ☐ Yes ☐ No  
If yes, indicate who will share the office quarters and describe the nature of business to be conducted.

Note: Rule DFI-Bkg 73.03(1)(a) indicates that before any other business is conducted in the same office with the licensee, prior approval must be granted by the division. A copy of this Rule can be found on DFI’s website at dfi.wi.gov.

3. Is the applicant currently servicing Wisconsin clients? ☐ Yes ☐ No  
If yes, how many?

4. Are there any separate legal entities that perform advertising, recruitment, payment processing, or other activities for the applicant? ☐ Yes ☐ No

If yes, provide the name and address of each entity and include a brief description of the activity performed. Attach additional pages as necessary.

5. This applicant is formed as a ☐ for profit entity ☐ non-profit entity

**AFFIDAVIT**

I, \_\_\_\_\_, the undersigned, am employed by, or am an officer or a control person of,  
(Print Name)

\_\_\_\_\_. I certify that I have reviewed the  
(Name of Applicant)

foregoing responses, have made diligent inquiry as to their accuracy, and they are true and correct to the best of my knowledge

\_\_\_\_\_  
(Signature) (Title) (Date)

\_\_\_\_\_  
(Name of Witness) (Signature of Witness)