



**STATE OF FLORIDA OFFICE OF FINANCIAL REGULATION**  
*Division of Consumer Finance*

**CONSUMER FINANCE COMPANY ATTESTATION FORM**

**APPLICANT/LICENSEE INFORMATION**

1. APPLICANT/LICENSEE FEID#: \_\_\_\_\_
2. APPLICANT/LICENSEE NAME: \_\_\_\_\_
3. FILE NUMBER: \_\_\_\_\_

**Attestation of Compliance**

I {Applicant/Licensee's Executive}, as {Title} of {Name of Applicant/Licensee}, on whose behalf this attestation is submitted hereby attests, pursuant to Section 516.037(3), Florida Statutes, that {Name of Applicant/Licensee} \_\_\_\_ is/ \_\_\_\_ is not acting in compliance with Sections 516.037(1) and (2), Florida Statutes.

**Under penalties of perjury, I declare that I have read the foregoing Consumer Finance Company Attestation Form and that the facts stated in it are true.**

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Printed Name of Authorized Officer

\_\_\_\_\_  
Title of Authorized Officer

\_\_\_\_\_  
Date