

Application for Credit Counseling Certification

I, _____ residing at _____
(Full Name) (Street and Number)

_____, duly attest that I have personally
(City) (State or Territory) (Zip Code if in US or Country if outside US)

completed the Hummingbird Credit Counseling and Education, Inc.'s Internet credit counseling course in good faith on
_____; that in doing so, I provided information that is true, correct and complete to the best of my
(Date of Completion)

knowledge and ability, and that I received certification control number _____. I understand that my
(Control Number)

certification will expire 180 days after it is issued.

(Full Signature)

(Today's Date)

_____ I have enclosed a money order (no personal checks) in the amount of \$49.00 made payable to:

Hummingbird Credit Counseling & Education, Inc.

_____ I wish to receive my certification via _____ (mail/ fax/ email).

_____ For filing purposes, please create my certificate in the _____ (judicial district).