



ASSOCIATION OF INDEPENDENT CONSUMER CREDIT COUNSELING AGENCIES

A NON-PROFIT CORPORATION

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Executive Director

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AICCCA Certification for Classification as a Nationwide Service Provider of Credit Counseling Services

This is to certify that _____

(Agency Name)

of _____ qualifies as a Nationwide Service
(City, State)

Provider of Credit Counseling Services. The following 3
requirements are met by the above Agency:

- 1) Minimum of 250 clients outside the agency's immediate service area.
- 2) Must have a toll-free number.
- 3) Open 55 hours or more each week.

We request that our agency be listed as a Nationwide Service
Provider on AICCCA's website.

(Agency Representative Name & Title)

(Agency Representative Signature)

(Date)

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