



Licensed Partner Application

Thank you for your interest in becoming a part of the CHAMBERS911 Team. The information you provide helps CHAMBERS911 to evaluate your candidacy. We encourage you to share any relevant information and include anything that you feel will make your candidacy stand out as a potential Licensed Partner.

Completion of this application in no way constitutes a commitment to CHAMBERS911 or its management that a Licensed Partner application and location of your development interest will be ultimately approved.

CHAMBERS911 INTEREST & GEOGRAPHY

How Many Cities Do You Hope To Develop? 1 2 3 or more

DEVELOPMENT AREAS OF INTEREST

First Choice Third Choice

Second Choice

Are You Flexible With Your City Choices? Yes No

GENERAL INFORMATION

Name Email

First Last MI

SSN # Phone Cell

Address Street City State Zip

Date of Birth

Citizenship U.S. Citizen Permanent Resident Other

Highest Level Of Education Name of Institution

Currently Employed Yes No Current Employer & Position

Last Employer Position Time Frame

May we contact your current and/or previous employer? Yes No

Have you ever been convicted of a felony? Yes No Explain

Briefly describe any relevant business experience.

**Please attach an updated copy of your resume.*

INTEREST & COMMITMENT

Why are you interested in CHAMBERS911?

What if any expectations do you have about being a Licensed Partner with CHAMBERS911?

What annual income after expenses do you hope to generate from your business? (CHAMBERS911 encourages you to consult your financial advisor; acceptance of your Licensed Partner application does not constitute endorsement of your financial expectations)

How much time do you want to spend at your business? (Full time, part time or less?)

Will friends and/or family be helping you with this business? If so, how? What will their positions be?

Why do you think you will be successful with CHAMBERS911?

Have you ever been directly responsible for hiring, training and/or motivating at team?

Explain your customer service philosophy.

Describe your hobbies, interests and public service involvement.

Have you or a company you have owned ever declared bankruptcy Explain

Have you every been involved in any kind of civil litigation? Explain

FINANCIAL INFORMATION
*ALL FINANCIAL INFORMATION WILL BE HELD AND REMAIN CONFIDENTIAL

What is the approximate amount of your <i>Total Net Worth</i> ?		What is the approximate amount of your <i>Total Liquid Assets</i> ?	
<input type="checkbox"/>	Less than 100,000	<input type="checkbox"/>	Less than 100,000
<input type="checkbox"/>	\$150,000 - \$200,000	<input type="checkbox"/>	\$150,000 - \$200,000
<input type="checkbox"/>	\$200,000 - \$300,000	<input type="checkbox"/>	\$200,000 - \$300,000
<input type="checkbox"/>	\$300,000 - \$400,000	<input type="checkbox"/>	\$300,000 - \$400,000
<input type="checkbox"/>	\$400,000 - \$500,000	<input type="checkbox"/>	\$400,000 - \$500,000
<input type="checkbox"/>	\$500,000 - \$1,000,000	<input type="checkbox"/>	\$500,000 - \$1,000,000
<input type="checkbox"/>	\$1,000,000 - \$1,500,000	<input type="checkbox"/>	\$1,000,000 - \$1,500,000

CREDIT CARDS AND/OR MARGIN CREDIT HELD WITH LIMITS

Credit Type/Name	Amount	Limit
Credit Type/Name	Amount	Limit
Credit Type/Name	Amount	Limit
Credit Type/Name	Amount	Limit
Credit Type/Name	Amount	Limit
Credit Type/Name	Amount	Limit

CURRENT MONTHLY INCOME

Salary	Rent/Mortgage
Spouses Salary	Utilities
Other Income	Car Expenses

Insurance		
All Other Expenses		
Total Monthly	Total Monthly Expenses	
FINANCIAL REFERENCES		
Name	Financial Insitution	
Phone	Relationship	
Name	Financial Insitution	
Phone	Relationship	
Name	Financial Insitution	
Phone	Relationship	
<p>I hereby certify that all information provided in this application is true and correct as of the date below. I authorize CHAMBERS911 or its affiliates, or agents and Licensed Partnership team to conduct any necessary credit and background checks. I hereby waive any rights conferred upon me by the statute or otherwise regarding any disclosures obtained by CHAMBERS911 or its affiliates or agents. I understand that any false information or consequential omission contained in this application would be cause for immediate termination of any subsequent agreement reached between the applicant and CHAMBERS911.</p>		
Name	Date	Signature

*All Candidates should attach their resume, and any supporting documents to verify the information included in this application.