

Directive Communication Franchise Application

First Name:	_____	Last Name:	_____
Address:	_____		
City:	_____	Province:	_____
Postal Code:	_____	Country:	_____
Phone(H) :	_____	Phone (Office):	_____
Fax :	_____	Email :	_____
Date of Birth :	_____	(DD/MM/YR) Current age :	_____M: F:

OBJECTIVES FOR BECOMING A DCTP FRANCHISEE

Why do you feel you are suited for being a Directive Communication™ Training Partner?

What is your philosophy regarding the training and education industry?

What experience do you have that will help you to succeed as a Directive Communication Certified Trainer?

Do you currently have any areas of expertise that could benefit others through your provision of training? If so, please specify.

APPLICANT'S FINANCIAL INFORMATION

Are you aware that beyond the franchise fee, you will need to sustain operation costs such as personal branding, telephone, travel expenses, and basic living expenses for at least 6 months?

Yes No

If yes, how do you plan to finance the franchise fee and the operation costs?

Do you anticipate the use of outside investors or commercial lenders?

Yes No

If yes, please describe.

PLEASE ATTACH A COPY OF A RECENT PERSONAL FINANCIAL STATEMENT.

APPLICANT'S EDUCATION HISTORY

Dates of Attendance	School/College Major/Degree
_____	_____
_____	_____
_____	_____

CO-APPLICANT'S EDUCATION HISTORY (if applicable)

Dates of Attendance	School/College Major/Degree
_____	_____
_____	_____
_____	_____

APPLICANT'S EMPLOYMENT HISTORY

Dates From-To	Company	Position	Annual Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CO-APPLICANT'S EMPLOYMENT HISTORY (if applicable)

Dates From-To	Company	Position	Annual Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other business affiliations (officer, director, owner, partner, etc.)

Have you ever failed in business or filed voluntary or involuntary bankruptcy?
 Yes No

(If yes, please list when, where, circumstances, including any remaining liabilities.)

Are there any lawsuits pending against you?

Yes No

If yes, please describe: _____

Have you ever been charged with or convicted of a crime or act of moral turpitude?

Yes No

If yes, please describe:

I certify that the information I have provided on this application, as well as the PERSONAL FINICIAL STATEMENT attached hereto is complete and correct. I hereby authorize the FRANCHISOR or its authorized agent to obtain verification of any of the above information and to conduct any necessary credit checks, and I authorize the release of such information to the FRANCHISOR or its authorized agent.

Signature of Applicant _____ Date _____

Signature of Co-applicant _____ Date _____