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**SCAR REVISION THERAPY 100% RESULTS! @LINDADUNNCARTER**

**INDEPENDENT OWNER OPERATOR QUESTIONNAIRE**

Welcome to The DC Method! Our scar revision methodology module enhances your ability to learn and comprehend a superior skill set. You will master a 100% results driven and valuable scar elimination technique that offers a scar revision specialized trade secret to our patients.

This is a questionnaire for The DC Method to better understand your DNA match to acquire a profitable independently owned and operated location.

**Name\***

**Name**

**Last Name**

**Address\*** *(include Suite/Office Number)*

**City**

**State/Province**

**Zip/Postal Code**

**Country**

**Phone\***

**Email Address\***

**IG Name**

**FB Name**

**List Current Medical Licenses\***

**Do you have any violations?\***    **Yes**    **No**

**If "yes", explain:**

Have you ever been in business?\*      Yes      No

Are you currently in business?\*      Yes      No

Have you ever had to close your business?\*      Yes      No

If "yes", explain:

Do you currently have a business lease?\*      Yes      No

If "yes", explain:

Have you ever been convicted of a felony?\*      Yes      No

If "yes", explain:

Are you willing to subject to a background and credit check?\*

Yes      No

What are your career goals in one sentence?\*

In one sentence, explain why you are a good candidate for The DC Method\*

Are you willing to subject to a background and credit check?\*

Yes      No

**THE DC METHOD**  
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