

STATE OF COLORADO
Administrator
Colorado Fair Debt Collection Practices Act
Ralph L. Carr Colorado Judicial Center
1300 Broadway, 6th Floor, Denver, CO 80203
(720) 508-6020 (Tel)
(720) 508-6033 (Fax)
E-mail: cab@state.co.us
www.coag.gov/car

COLLECTIONS MANAGER APPLICATION

(Copy this form and retain in your files to use if and when you change collections managers. In addition, complete and return the Affidavit of Citizenship/Residency, proof of ID and/or waiver.)

OMISSIONS MAY BE CONSTRUED AS INTENTIONAL FAILURE TO DISCLOSE A MATERIAL FACT AND MAY BE SUFFICIENT GROUNDS FOR DENIAL.

1. Name of Collection Agency _____
2. Collection Agency License Number (if new application, write "pending") _____
3. Name of Collections Manager Applicant _____
4. Are you the new collections manager or a backup? _____
5. Address of Collection Agency _____
6. Telephone number of collection agency _____
7. Occupational Record: Furnish a complete record of your employment or business association for the last six (6) years, including all companies in which you have an interest as an officer, director, or voting stockholder. Account for all periods of time, including unemployment: (or attach a detailed resume showing your employment history)

(Month-Year)		EMPLOYER	ADDRESS	POSITION DUTIES
FROM	TO			

8. Have you been approved as a collections manager by the Administrator, Colorado Fair Debt Collection Practices Act? No ___ Yes ___. **If yes, give date of approval and name of the collection agency for which you worked.**
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9. Have you ever been convicted of, or entered a plea of guilty or nolo contendere to, any of the following crimes in Colorado or similar offenses in any governmental jurisdiction: theft, receiving stolen property, forgery, impersonation, simulation, fraud, fraudulent and deceptive sales and business practices, Uniform Commercial Code offenses, computer crimes or financial transaction device offenses? No ___ Yes _____. **If yes, provide details.** (Attach additional pages if necessary).
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10. Are you a current or a prior owner (in whole or in part), officer or employee, of any collection agency whose license was denied, suspended, revoked or subject to any other legal, disciplinary or adverse action or against whom such action is pending in Colorado or any other governmental jurisdiction? No ___ Yes _____. **If yes, provide details including your position and name of the collection agency.** (Attach additional pages if necessary).
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11. Do you, as an individual, have a current or prior license or registration as a collection agency, debt collector, solicitor, collections manager, lender, mortgage, or other financial services provider issued by Colorado or any other governmental jurisdiction that issues comparable licenses or registrations? No ___ Yes _____. **If yes, provide name, address, and telephone number of authority, dates, and type of registration or license.** (Attach additional pages if necessary).
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12. Have you, as an individual, been denied a collection agency, debt collector, solicitor, collections manager, lender, mortgage, or other financial services license or registration by Colorado or any other governmental jurisdiction? No ___ Yes _____. **If yes, provide details.** (Attach additional pages if necessary).
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13. Has any collection agency, debt collector, solicitor, collections manager, lender, mortgage, or other financial license or registration issued to you, as an individual, been suspended, revoked, or the subject of any other disciplinary or adverse action or against whom such action is now pending? No ___ Yes _____. **If yes, provide details.** (Attach additional pages if necessary).
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14. Are there any pending criminal charges against you in any governmental jurisdiction for theft, receiving stolen property, forgery, impersonation, simulation, fraud, fraudulent and deceptive sales and business practices, Uniform Commercial Code offenses, computer crimes or financial transaction device offenses?
No ____ Yes ____ . **If yes, provide details.** (Attach additional pages if necessary).

15. Date of Birth _____ Social Security Number _____

16. Home address _____

17. Direct telephone number _____ E-mail _____

Approval as collections manager is contingent upon filing a satisfactory application, meeting the minimum qualifications stated in section 12-14-119 (a), C.R.S., having none of the disqualifications stated in section 12-14-123 (2)(a), C.R.S., and employment by a licensed collection agency.

Statements made herein are made under oath. False statements may be punishable as second-degree perjury.

(Date)

(Signature)

The above information is required by §§ 14-14-113 and 24-34-107, C.R.S. and may be used to revoke, suspend, or deny licenses as determined by the state child support enforcement agency for noncompliance with support orders or subpoenas/warrants relating to paternity and child support.