

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

PERSONAL AFFIDAVIT

To be completed by every collection agency owner, partner, member and officer.
OMISSIONS MAY BE CONSTRUED AS INTENTIONAL FAILURE TO DISCLOSE A MATERIAL FACT AND MAY BE SUFFICIENT GROUNDS FOR REJECTION OF APPLICATION.

1. Collection Agency Name _____
2. Officer/Owner/Partner/Member Name _____
3. Title _____
(Owner, Partner, Executive Officer, Member)
Direct Telephone No: _____ E-mail: _____

4. Occupational Record: Furnish a complete record of employment or business association for the last six (6) years, including all companies in which you have an interest as an officer, director, voting stockholder, member or partner. Account for all periods of time, including unemployment: (or attach a detailed resume showing your employment history)

(Month-Year)

FROM	TO	EMPLOYER	ADDRESS	POSITION	DUTIES

5. 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).

6. 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).
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7. 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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8. 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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9. Have you, as an individual, been denied a collection agency, debt collector, solicitor, collection 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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10. Has any collection agency, debt collector, solicitor, collection manager, lender, mortgage, or other financial services 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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Statements made herein are made under oath. False statements may be punishable as second-degree perjury.

(Date)

(Signature)

(Print name & Title)