



**COLORADO UNIFORM CONSUMER CREDIT CODE
SALES FINANCE (ASSIGNEE/SERVICER) NOTIFICATION FORM**

WEBSITE: WWW.COAG.GOV/UCCC EMAIL: UCCC@COAG.GOV

TELEPHONE: 720-508-6012

ACCOUNT # _____

**YOU MUST COMPLETE AND RETURN
ALL FORMS WITH PAYMENT**

RETURN FORM BY JANUARY 31ST TO:

COLORADO DEPARTMENT OF LAW
CONSUMER PROTECTION SECTION
UNIFORM CONSUMER CREDIT CODE
RALPH L. CARR COLORADO JUDICIAL CENTER
1300 BROADWAY, 6TH FLOOR
DENVER, CO 80203

NAME AND MAILING ADDRESS:

COMPLETE THE FOLLOWING AS APPLICABLE:

1. NAME OF PERSON OR COMPANY – IF DIFFERENT THAN ABOVE:
2. IDENTIFY ALL TRADE NAMES UNDER WHICH BUSINESS IS TRANSACTED – IF DIFFERENT THAN ABOVE:
3. PHYSICAL ADDRESS OF PRINCIPAL OFFICE (MAY BE OUTSIDE COLORADO) – IF DIFFERENT THAN ABOVE:
4. NAME & ADDRESS OF COLORADO REGISTERED AGENT UPON WHOM SERVICE OF PROCESS MAY BE MADE (CORPORATIONS ONLY):
5. SUPERVISED LOANS ARE DIRECT CONSUMER LOANS IN EXCESS OF 12% APR. DO YOU MAKE, SERVICE, OR TAKE ASSIGNMENT OF SUPERVISED LOANS? (CIRCLE ONE) YES OR NO IF YES, YOU MUST OBTAIN A SUPERVISED LENDER'S LICENSE.
6. ARE CONSUMER CREDIT SALES OR CONSUMER LEASES MADE OTHER THAN AT AN OFFICE OR RETAIL STORE? (CIRCLE ONE) YES OR NO IF YES, HOW? MAIL INTERNET OTHER _____
7. ATTACH A LIST OF THE ADDRESSES OF ALL OFFICES AND PLACES OF BUSINESS IN COLORADO WHERE BUSINESS IS TRANSACTED.

FEE SCHEDULE

- | | |
|--|-----------------|
| 1. NOTIFICATION FEE | \$ _____ 130.00 |
| 2. VOLUME FEE | |
| A. TOTAL OF THE ORIGINAL UNPAID BALANCE OF CONSUMER CREDIT SALES AND CONSUMER LEASES TAKEN BY ASSIGNMENT IN 2015 | \$ _____ |
| B. VOLUME FEES DUE (SEE MEMO FOR CALCULATION INSTRUCTIONS)
\$20 FOR EACH \$100,000 OR PART THEREOF OF TOTAL FROM LINE 2A. | \$ _____ |
| 3. LATE FEE* (IF APPLICABLE) | \$ _____ |
| 4. TOTAL FEES DUE | \$ _____ |
| PAID BY (CHECK ONE): CHECK ___ ELECTRONIC CHECK ___ CREDIT CARD ___ | |

***NOTIFICATIONS FILED AFTER MARCH 1ST MUST INCLUDE A STATUTORY LATE FEE OF \$5.00 PER CALENDAR DAY IMPOSED FROM FEBRUARY 1ST**

THE UNDERSIGNED HEREBY FILES NOTIFICATION OF INTENT TO ENGAGE IN TAKING ASSIGNMENT OF, PURCHASING, OR SERVICING AND COLLECTING OR ENFORCING RIGHTS UNDER COLORADO CONSUMER CREDIT SALES AND CONSUMER LEASES
I HEREBY VERIFY THAT THE INFORMATION STATED ABOVE AND THE AMOUNT PAID ARE TRUE AND CORRECT.

X _____
SIGNATURE OF OWNER/OFFICER/PARTNER DATE

PRINTED NAME OF OWNER/OFFICER/PARTNER TELEPHONE NUMBER E-MAIL ADDRESS

MANDATORY INFORMATION FOR SOLE PROPRIETORS AND INDIVIDUAL REGISTRANTS (NOT OPEN TO PUBLIC INSPECTION). THIS INFORMATION IS REQUIRED BY §§ 14-14-113 AND 24-31-107, C.R.S. AND MAY BE USED TO REVOKE, SUSPEND, OR DENY LICENSES OR NOTIFICATIONS AS DETERMINED BY THE STATE CHILD SUPPORT ENFORCEMENT AGENCY FOR NONCOMPLIANCE WITH SUPPORT ORDERS OR SUBPOENAS/WARRANTS RELATING TO PATERNITY AND CHILD SUPPORT. **ALSO**, PLEASE INCLUDE A PHOTOCOPY OF YOUR DRIVER'S LICENSE, STATE IDENTIFICATION CARD, OR OTHER PHOTO IDENTIFICATION.

COMPLETE HOME ADDRESS: _____ SSN: _____

LIST OF ASSIGNORS

IF YOU TAKE ASSIGNMENT OF, PURCHASE, OR SERVICE CONSUMER CREDIT SALES AND LEASES, YOU MUST COMPLETE THE FORM PROVIDED BELOW OR PROVIDE A SEPARATE LISTING THAT INCLUDES THE REQUESTED INFORMATION.

PLEASE LIST THE NAME AND COMPLETE MAILING ADDRESS OF EACH OF THE COMPANIES FROM WHICH YOU TAKE ASSIGNMENT OF, PURCHASE, OR SERVICE CONSUMER CREDIT SALES AND LEASES. ATTACH ADDITIONAL SHEETS IF NECESSARY.

NAME OF ASSIGNOR(S)	MAILING ADDRESS(ES)
	<hr/> <p>Street Address</p> <hr/> <p>City State Zip Code</p>
	<hr/> <p>Street Address</p> <hr/> <p>City State Zip Code</p>
	<hr/> <p>Street Address</p> <hr/> <p>City State Zip Code</p>
	<hr/> <p>Street Address</p> <hr/> <p>City State Zip Code</p>
	<hr/> <p>Street Address</p> <hr/> <p>City State Zip Code</p>
	<hr/> <p>Street Address</p> <hr/> <p>City State Zip Code</p>
	<hr/> <p>Street Address</p> <hr/> <p>City State Zip Code</p>

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Creditor Contact Information

Please provide the following information and return with your notification form.

Company Name: _____

Contact Person for Notification Questions and General Mailings:

Name: _____

Title: _____

Address: _____

Telephone: _____ Fax: _____ Email Address: _____

Contact Person for Consumer Complaints:

Same as Above: ___

Name: _____

Title: _____

Address: _____

Telephone: _____ Fax: _____ Email Address: _____

Contact Person for Compliance Examinations:

Same as Above: ___

Name: _____

Title: _____

Address: _____

Telephone: _____ Fax: _____ Email Address: _____

Ownership – Collection Activity Questionnaire

2016 Sales Finance Notification Filing

Company Name: _____ Account #: _____

Provide the names of the stockholders of the corporation or the members of the limited liability company and the percentage of each stockholder's or member's ownership interest. For corporations: If publicly traded, list all entities holding 10% or more of the stock; If privately held, the number of shares must equal 100% of stock. (Attach additional pages if necessary)

<u>Name</u>	<u>% of Stock or Member Ownership</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Collection Activity

1. Provide the name and address of each collection agency, engaged by the licensee, to collect defaulted Colorado consumer credit transactions during calendar year 2015. (Attach additional pages if necessary)

<u>Name of Company</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Provide the name and address of each debt buyer to whom the licensee sold defaulted Colorado consumer credit transactions during calendar year 2015. (Attach additional pages if necessary)

<u>Name of Company</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____