



ATTENTION APPLICANTS

This Department will only accept:

- **Current** application documents
 - **Legibly** completed forms
 - **Complete** application packets - Refer to the **instructions & checklist** provided

Make ALL checks payable to:

“Arizona Department of Financial Institutions or AZDFI”

And

MAIL the entire **completed** application packet all together to:

Arizona Department of Financial Institutions

Licensing Division

2910 N. 44th Street, Suite 310

Phoenix, AZ 85018

Make Copies of Your Entire Application Package Before Submission:

- The Department cannot make copies for you.
- AND
- If there are questions during the processing of your application, you will have the information available for reference.



Collection Agency Application Instructions

Section 2

Page 1 of 3

Application Instructions For License Under Arizona Revised Statutes 32–1001 Et. Seq.
Before You Complete the Enclosed Documents Please Read the Following Carefully

You can not conduct business governed by Arizona Revised Statutes until you have been licensed by this department and only for the location at which you have been licensed.

Application: The enclosed application package is to be used by all applicants: individuals, partnerships, corporations or business trusts. To apply for licensing, complete all enclosed forms. Do not leave any questions unanswered. If a question does not apply to you or if, the answer to the question is ‘none’, so state on the application. We do not accept applications that are not completely filled out. Make photocopies of the completed forms for your records, this department will not provide them for you.

To Submit an Application to the Arizona Department of Financial Institutions you *must* have the following completed with the appropriate agencies and the approved copy(s) attached to your application.

Application name: The application name you apply for must be identical on all forms (e.g., articles, application, bond, trade name certificate, financials etc.). Failure to submit the required documents will delay the processing of your application while these items are being amended.

Arizona State Corporation Commission 1300 W. Washington St., Phoenix, AZ 85007 Telephone (602) 542-3135 www.cc.state.az.us.	or	Arizona Secretary of State 14 N. 18 th Avenue, Phoenix, AZ 85007 Telephone (602)542-6187 or www.azsos.gov
--	----	--

If You Wish To Apply as A/An:

Corporation: Contact the Arizona State Corporation Commission. They will assist you in your incorporation. You *must* submit an approved copy of your articles of incorporation and any amendments thereto with the application.

Foreign Corporations: Contact the Arizona State Corporation Commission, if your corporation has been incorporated in a state other than Arizona, the corporation must be authorized to conduct business in this state. You *must* submit a copy of the approved application for authority and a copy of your Articles of Incorporation from the state for which you are incorporated.

Limited Liability Company: Contact the Arizona State Corporation Commission. They will assist you in either forming under Arizona law or applying for registration to transact business in Arizona as a foreign limited liability company. You *must* submit an approved copy of the articles of organization (for domestic companies) or a copy of the approved registration (for foreign companies) with your application.

Partnerships: Limited Partnership’s or Foreign Limited Partnership’s need to contact the Secretary of State. You *must* provide an approved copy of your partnership agreement

Individual / Sole Proprietorship: *Must* use his or her own name.

Db/Trade Name: Contact the Secretary of State if you wish to do business under a “dba” or a “trade name”, you must register your dba or trade name. You *must* submit an approved copy of your certificate of trade name registration with your application.

Do not forward your application to this Department until you have received your approved documents from the Arizona State Corporation Commission and/or the Arizona Secretary of State.



Collection Agency Application Instructions

Section 2

Page 2 of 3

Application Requirements

Qualifications of Applicant: The individual applicant or, if the applicant is other than an individual, the individual in active management of the firm, partnership, association or corporation, shall:

- Be a citizen of the United States and be of good moral character
- Not have been convicted of a crime involving moral turpitude
- Not have defaulted on payment of money collected or received for another
- Not have been a former licensee under the provisions of the Collection Agency Code whose license was suspended or revoked and not subsequently reinstated

Corporate Financial Statement: Only the financial statement forms supplied in the application package will be acceptable for the licensing requirement. Each page must be completed with information pertinent to the applicant for license. If any portion of the form is not applicable to you, indicate that on the form. The verification of the financial statement must be completed, signed and notarized.

Personal Financial Statement: All shareholders/owners/members with 20% interest or more of the entity must complete the personal financial statements.

Personal History Statement (PH) and Fingerprint Card (FP): If the applicant is an individual, he/she must complete both the PH and FP documents. If the applicant is a corporation a PH and FP must be completed by each of the five (5) highest corporate officers and by the active manager who must also be an employee and active in the management of the corporation. In the event the corporation has only one officer, then any manager(s), director(s) or anyone in a managerial/responsible position should also complete a PH and FP. Each member of a Limited Liability Company must complete the PH and FP. Again, do not leave any questions unanswered. Fingerprints must be done by a law enforcement agency. You will need to request the appropriate number of fingerprint cards from the website www.azdfi.gov. Fingerprint fees must be submitted on a separate check from all other fee types. The PH and FP must be submitted to this department as part of the original application package.

Bond: At time of application, the applicant must provide this Department with a continuous surety bond computed on a base consisting of the Arizona gross annual income in the minimum amount as follows:

<u>Base</u>	<u>Minimum Bond</u>
Not over \$250,000	\$10,000
\$250,001 to \$500,000	\$15,000
\$500,001 to \$750,000	\$25,000
\$750,001 and over	\$35,000

The licensee as principal and a surety company that is authorized to do business in this State must execute this bond. Your insurance company can assist you in completing our bond form enclosed. In lieu of a bond, a certificate of deposit can, in some circumstances, be substituted. Contact this department for more information concerning the requirements for the certificate of deposit.

Fictitious names report: This form must be signed by the active manager, dated and completely filled out. If no fictitious names are used, so state. If fictitious names are used, the bottom portion must be completely filled out with names, dates used and true home and mailing addresses.

Verification of Licenses Issued by Other States: If applicant holds like or similar licenses from other states, you will need to provide the Department with copies of these licenses with your application. If you are licensed in more than five (5) states, only provide the Department with copies from five (5) states. Example: If you are licensed in 30 states as a collection agency then you would only send us copies of current licenses from (5) states.



Collection Agency Application Instructions

Section 2

Page 3 of 3

W-9: A completed W-9 form must be included with your application package.

Process Time: The time it takes to process an application is dependent on the completeness and accuracy of the forms submitted. If the submitted forms are not properly completed, they will be returned to you. This may result in a substantial delay. Be sure to review the *CheckList* provided with the instructions. In the event, your application is returned to you, or if the licensing section requests additional information, your prompt response will help reduce the processing time. If you fail to provide the necessary information needed to make our decision within the statutory required time allowance, your license application will be rejected and you will have to reapply.

Fees: You must provide one check for the application fee and one check for the fingerprint processing fee(s). The non-refundable One thousand five hundred dollars (\$1500) application fee and the twenty four dollar (\$24.00) fingerprint processing fee for each fingerprint card must be submitted together with the completed application forms. You will be notified when to submit the appropriate pro-rated licensing fee.

The licensing year is February 1 through January 31: If you are licensed prior to January 1st the licensee must be renewed by January 1.

Renewals will be available on our website approximately four (4) to six (6) weeks prior to your annual renewal date of January 1. Licensees are responsible to renew their license timely. It is suggested that in order to ensure timely renewal of your license(s) you should establish an internal procedure which guarantees that your renewal with all required items and the renewal fee is received by this department no later than January 1. There is no provision for filing a late renewal. Failure to renew will result in the license being closed. Renewal applications are mailed upon written request and only during the time they are published on our website.



Collection Agency Application Statutes and Rules

A license granted by this Department entitles you to engage in that particular business for which the license is issued.

Be advised, however, that adherence to and compliance with all applicable Statutes and Rules is your responsibility.

Statutes and Rules may be found on the Department's website at azdfi.gov. They may also be obtained at the Main Public Library located at 1221 North Central Ave., Phoenix, or your attorney. Statutes and Rules may be purchased from the Secretary of State at (602) 542-4086 or www.azsos.gov

All fees charged are authorized, pursuant to, A.R.S. Section 6-126.

License Type	Statutes and Rules	Maximum License Issuance Time in Days
Advance Fee Loan Brokers	A.R.S. Section 6-1301 through 6-1310	60
Collection Agencies	A.R.S. Section 32-1001 through 32-1057 Rules R20-4-1501 through R20-4-1530	45
Commercial Mortgage Bankers	A.R.S. Section 6-971 through 6-985 Rules R20-4-1901 through R20-4-1911	120
Consumer Lender	A.R.S. Section 6-601 through 6-675 Rules R20-4-501 through R20-4-536	120
Debt Management	A.R.S. Section 6-701 through 6-716 Rules R20-4-601 through R20-4-620	60
Deferred Presentment	A.R.S. Section 6-1251 through 6-1263	120
Escrow Agents	A.R.S. Section 6-801 through 6-847 Rules R20-4-701 through R20-4-706	120
Money Transmitters	A.R.S. Section 6-1201 through 6-1219	120
Mortgage Brokers	A.R.S. Section 6-901 through 6-910 Rules R20-4-901 through R20-4-926	120
Mortgage Bankers	A.R.S. Section 6-941 through 6-948 Rules R20-4-1801 through R20-4-1812	120
Motor Vehicle Time Sales Disclosure Act	A.R.S. Section 44-281 through 44-295	45
Premium Finance Companies	A.R.S. Section 6-1401 through 6-1419	120
Trust Companies	A.R.S. Section 6-851 through 6-867 Rules R20-4-801 through R20-4-816	150



Collection Agency Application Check List

Section 4

Page 1 of 1

- One check for the \$1,500 application fee
- and one check for the total number of Fingerprint cards
\$24.00 fee per Fingerprint card (# Of Cards _____ x Fee = \$ _____)
- Application (Signed And Notarized)
- Surrender Agreement Page (Signed and Notarized)
- W-9 Form/Request for Taxpayer Identification
- Bond (Signed And Notarized By Surety And Applicant)
- Fictitious Names Report even if fictitious names are not used (signed and dated)
- Current Financial Statement (Signed And Notarized)

The following items if applicable:

- Current Financial Statement for the Parent (if owned by an entity)
- Personal Financials Statement on all owners owning at least 20%
- Articles Of Organization (Approved Copy) Amendments
- Foreign Authority (Approved Copy)
- Certificate Of Good Standing
- Trade Name Certificate (Approved Copy)
- Partnership Or Joint Venture Agreement (Approved Copy)
- Enclose Copies Of Licenses Held In Other States (Up To 5)

For each of the top 5 officers and owners owning at least 20% interest and the active manager (AM):

- Personal History Statements (Signed And Notarized In Both Locations)
- Driver License Copies
- Fingerprint Cards (Top Portion Identification Data Must Be Completed)
- Letter Of Explanation For Derogatory Credit and/or Criminal History Issues

Did you remember to:

- Answer All Questions On All Forms Or Complete With "None" Or "NA"
- Sign And Notarize All Documents Where Applicable
- Make Copies Of The Completed Application Packet For Your Records
- Type Or Print All Information On All Documents
- Make checks payable to: Arizona Department of Financial Institutions or AZDFI



Collection Agency Application Fingerprint Card Instructions

Fingerprints must be done by a Law Enforcement Department.
See Arizona Administrative Code R20-4-103.

See Application Instructions under “Personal History Statement & Fingerprint Card” for fingerprint instructions; then order your fingerprint cards from our Department. To request fingerprint cards, go to the Licensing page of our website azdfi.gov or fax us your request at (602) 381-1225.

Fingerprint cards are forwarded to the Arizona Department of Public Safety for processing by the Federal Bureau of Investigation. The FBI sets the following rules for the submission of fingerprint cards:

One Card per Person

- ORI Field on fingerprint card must have Phoenix, AZ information or be blank. It cannot have another State’s information in that field. Do not use white out material.
- Do not use a highlighter on the fingerprint card. The FBI’s scanners cannot record the information if card contains highlighter.
- Do not overlap the borders of the block in which you enter information. The scanners cannot read information that overlaps the block.
- Do not use whiteout on the fingerprint card. If information on the card needs to be changed, you may use a white address label affixed within the blue borders of the block.
- Do not overlap any information into the actual fingerprint area.
- Do not enter any information in the block entitled “Employer and Address”. The Department will enter this information.
- Do not enter any information in the block entitled “Reason Fingerprinted”. The Department will enter this information.
- Do not alter any preprinted information on the fingerprint card.

Failure to adhere to these guidelines may result in the fingerprint card being returned and a new card required to be submitted.

Fingerprint fees must be on a separate check if other fees are being enclosed.

Make check payable to: **Arizona Department of Financial Institutions or AZDFI**



**Collection Agency Application
Fingerprint Card Instructions**

Note:

You may use any fingerprint card that is identical to the one show below, as long as there is no preprinted information on the card. All fields must be blank unless received from the Department of Financial Institutions.

Do not write in any field marked "Leave Blank". Complete all remaining identifying information fields. If there are fields that do not apply, enter N/A.

Review fingerprint card instructions above.

APPLICANT		LEAVE BLANK // Leave Blank //			TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME <u>NAM</u> FIRST NAME MIDDLE NAME				FBI LEAVE BLANK // Leave Blank //		
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		OR // Leave Blank //					DATE OF BIRTH <u>DOB</u> Month Day Year		
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CTZ</u>			SEX	RACE	HGT	WGT	EYES	HAIR	PLACE OF BIRTH <u>POB</u>
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. <u>OCA</u> // Leave Blank //		LEAVE BLANK // Leave Blank //						
EMPLOYER AND ADDRESS // Leave Blank //			FBI NO. <u>FBI</u>		CLASS _____						
REASON FINGERPRINTED // Leave Blank //			ARMED FORCES NO. <u>MNU</u>		REF. _____						
			SOCIAL SECURITY NO. <u>SOC</u>								
			MISCELLANEOUS NO. <u>MNU</u> // Leave Blank //								
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE			
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE			
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			

Sample



Collection Agency Application
Bond

BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS, That we, _____, as Principal, and _____, a Corporation, qualified and authorized to do business in the State of Arizona as Surety, are held and firmly bound unto the State of Arizona for the use and benefit of any injured person, in the sum of \$ _____, lawful money of the United States of America, to be paid to any person injured by the wrongful act, default, fraud or misrepresentation of the licensee or his employees and to the State of Arizona for the benefit of the person injured, for which payment well and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT:

WHEREAS, the above named Principal has made application to the Superintendent of Financial Institutions of the State of Arizona for license as a Collection Agency within the meaning of Title 32, Chapter 9, Arizona Revised Statutes, and is required by the provisions of such statutes to furnish a bond in the sum named above, conditioned as herein set forth:

NOW, therefore, if the Principal shall strictly, honestly and faithfully comply with the provisions of Title 32, Chapter 9, Arizona Revised Statutes, and shall pay all damages suffered by any person injured by the wrongful act, default, fraud or misrepresentation of the licensee or his employees, or both, growing out of any transaction governed by the provisions of such statutes, then this obligation shall be void; otherwise to remain in full force and effect.

This bond shall become effective on _____, and shall remain in force until the Surety is released from liability by the Superintendent of Financial Institutions, or until this bond is cancelled by the Surety. The Surety may cancel this bond and be relieved of further liability hereunder by giving thirty days written notice to the Principal and to the Superintendent of Financial Institutions of the State of Arizona.

This bond shall be one continuing obligation, and the liability of the Surety for the aggregate of any and all claims which may arise hereunder shall in no event exceed the amount of the penalty hereof.

IN WITNESS WHEREOF, the seal and signature of the Principal hereto is affixed, and the corporate seal and the name of the Surety hereto is affixed and attested by its duly authorized officers at _____ this (date) _____

(Surety Company Name)

(Print Name of Principal Officer)

By: _____
Signature of Principal Officer

COUNTERSIGNED:

If applicable

(Name of Surety Company)

BY: _____
Arizona Resident Agent

By: _____
Signature of Surety Company



Collection Agency Application
Licensee Surrender Agreement

Licenses may be issued before the completion of the investigation process of your application. This is due to the delay in obtaining certain verification of information provided to the Department in your application package. Please read, sign and notarize this form and return with the application package.

I have read and completely understand the conditions relating to issuance of this license and agree to surrender upon demand the license issued by the Department of Financial Institutions of Arizona, if any negative or derogatory information of any type is discovered during the investigation of the license application. If asked to surrender the license, I will do so immediately and cease conducting the business activity relating to the license.

ACCEPTED

(Name of Company)

By: _____ (print) _____
(Signature of Principal Officer) (Name of Principal Signer)

Date: _____ (print) _____
(Title of Principal Signer)

NOTARIZATION OF SIGNATURE

State of _____)
County of _____) ss.

Subscribed and Sworn to before me, this _____ day of _____
year of _____ at _____
(City and State)

Notary Public

My Commission expires _____



Collection Agency Application

Application

Section 8

Page 1 of 5

This application must be completed by typewriter or legibly printed.

Do not leave any blank spaces. There must be an answer provided for each inquiry. If not applicable, use "none" or "n/a".

Filing as a: Corporation Partnership Limited Liability Company Individual Other

To the Superintendent of Financial Institutions:

Application is hereby made for a license to engage in and carry on the business of a Collection Agency, pursuant to provisions of Title 32, Chapter 9, Arizona Revised Statutes.

Company Name: (Name approved by the Arizona Corporation Commission.)		Federal Tax ID Number:	
Doing Business As: Optional (Name approved by the Arizona Secretary of State)			
1. Primary Address:			
Address Line 1:			
Address Line 2:			
City:		State:	Zip Code:
Telephone Number:	Fax Number:	Toll Free Number:	
Business Web Page Address:		E-mail Address: (Required)	
2. Mailing Address:			
Address Line 1:			
Address Line 2:			
City:		State:	Zip Code:
3. Domicile (legal presence) State where Organized or Incorporated:			
Address Line 1:			
Address Line 2:			
City:		State:	Zip Code:
Telephone Number:	Fax Number:	Toll Free Number:	
4. Parent Company - If applicable: (Required to provide audited financials & ownership/shareholders interest of Parent.			
Company Name:			
Address Line 1:			
Address Line 2:			
City:		State:	Zip Code:
Telephone Number:	Fax Number:	Toll Free Number:	
5. Foreign Corporation:			
Name of Corporation:			
State Incorporated:	Date Incorporated:	Date of foreign authorization to conduct business in Arizona:	



Collection Agency Application

Application

6. Accounting:

Name of firm or agency which audits your financial records and provides accounting services:

Address Line 1:

Address Line 2:

City: State: Zip Code:

7. Bond calculation:

a. Arizona Gross annual income as reported on page 4, line 24 of the financial statement enclosed: \$

b. Bond amount required: \$

8. Active Manager:

Complete a through f for Active Manager. If applicant is other than an individual, the individual in active management who has primary responsibility for the business to be conducted by the applicant.

a. Name:

b. Business Address line 1:
Business Address line 2:
City: State: Zip Code:

c. Is the active manager also an officer, director or partner of applicant? If yes, Title: Yes No

d. Is active manager a U.S. Citizen? Yes No

e. Does the active manager have practical experience in the collection agency business? Yes No

f. Please detail Sole Proprietor/Active Manager's experience. Use separate sheet if necessary.

9. Current Ownership:

If applicant is owned by an entity provide the entities current financials. If owned by individuals provide names and percentage of each person. All individuals owning 20% or more of the voting shares in either the applicant or the entity (as owner) must complete the personal financial and personal history statements and a fingerprint card. Included an organizational chart.

Name	Title	Percentage
Name	Title	Percentage
Name	Title	Percentage
Name	Title	Percentage
Name	Title	Percentage
Name	Title	Percentage
Name	Title	Percentage

List additional owners on a separate sheet

Must total 100%

Total Ownership



Collection Agency Application

Application

10. Primary People:

Complete the following for the applicant thereof if an individual, for each of the principal officers and directors thereof if a corporation, trustees thereof if a business trust, partners thereof if a partnership, managing agent and any other persons having an interest therein. Provide number of years engaged in the collection agency or similar business for each individual.

a.	Name:	Capacity/Title:	Years in Business
Address:			
City:		State:	Zip Code:
b.	Name:	Capacity/Title:	Years in Business
Address:			
City:		State:	Zip Code:
c.	Name:	Capacity/Title:	Years in Business
Address:			
City:		State:	Zip Code:
d.	Name:	Capacity/Title:	Years in Business
Address:			
City:		State:	Zip Code:
e.	Name:	Capacity/Title:	Years in Business
Address:			
City:		State:	Zip Code:

11. Licenses Issued:

List all occupational or professional licenses the applicant or any officer, director, trustee, partner or active manager thereof holds or has held which have been issued by an agency of any state or the US Federal government.

a. Name on License:		
Type of License:	Original Issuance:	Date Expired:
Name of Agency:		
Address of Agency:		
City:	State:	Zip Code:
b. Name on License:		
Type of License:	Original Issuance:	Date Expired:
Name of Agency:		
Address of Agency:		
City:	State:	Zip Code:



Collection Agency Application Application

11. Licenses Issued: continued

c. Name on License:		
Type of License:	Original Issuance:	Date Expired:
Name of Agency:		
Address of Agency:		
City:	State:	Zip Code:

12. Licenses refused, denied, revoked or suspended:

List all occupational or professional licenses the applicant or any officer, director trustee, partner or active manager thereof has been refused, denied or had revoked or suspended by an agency of any state of the US Federal government.

a. Name on License:		
Type of License:	Original Action:	Date of Action:
Name of Agency:		
Address of Agency:		
City:	State:	Zip Code:

b. Name on License:		
Type of License:	Original Action:	Date of Action:
Name of Agency:		
Address of Agency:		
City:	State:	Zip Code:

c. Name on License:		
Type of License:	Original Action:	Date of Action:
Name of Agency:		
Address of Agency:		
City:	State:	Zip Code:

13. State whether the applicant or any officer, director, partner, member or trustee of the applicant or active manager has:

a. been convicted of any criminal offense other than a traffic violation: If yes, furnish complete details on a separate sheet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. had a final judgment issued in a civil action based on misrepresentation, fraud or deceit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. filed bankruptcy within the last ten years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. had interest in or connection with, any other collection agency licensed by the Arizona Department of Financial Institutions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. had at any time been licensed to conduct the business of a collection agency in this or any other state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. had at any time been denied, suspended or revoked by this or any other state to conduct the business of a collection agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Complete details *must* be furnished if you answered yes to any of these questions (13 a through f).



Collection Agency Application
Fictitious Names Report

To: Collection Agency Licensees

Arizona Administrative Code R20-4-1520 (B) requires a collection agency to maintain a record of fictitious names used by each of its debt collector(s). A copy of the record must also be filed with the Department on July 1 and December 31 of each year.

The record filed with the Department must state the name of the licensee and contain the following information:

1. True name of debt collector.
2. Name used other than true name and inclusive dates the name was/is being used.
3. True physical home address and mailing address of debt collector.

To comply with the provisions of this rule, please complete the form on the reverse side of these instructions and forward to the Department on or before July 1 and December 31.

Keep a copy of this blank form for the above compliance requirement dates.

Please note that each licensee must submit a form even if fictitious names are not used in the Collection Agency.

Thank you for your cooperation.

Licensing Section
 Financial Services Division



**Collection Agency Application
Personal History Statement**

The entries made in this form are subject to verification. Insure that they are complete and accurate since providing false information or omitting significant information in this form is a criminal offense. The information entered herein is for official use only and will be maintained in confidence.

Legibly print or type all information. Do not leave any blank spaces. There must be an answer provided for each inquiry. Therefore, if not applicable use "None" or "N/A"

Do not add attachments in lieu of completing our forms.

If additional space is needed after completing the space provided for an inquiry on our form then make additional copies of that page or attach a separate sheet if additional space is still necessary.

A. GENERAL:

1. _____
 Position (Title/Owner/RI/AM etc.) Mr. Ms. Mrs. Name: Last First Middle
 Circle One
2. _____
 Residence Address: Street City State Zip Res. Phone: () - _____
3. Social Security Number: _____ Date of Birth: _____ Place of Birth: _____
4. Alias(es) Nicknames, or changes in name: _____ Maiden Name (if any): _____
5. Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____
6. Scars, Physical Defects, Distinguishing marks: _____
7. Drivers License No. & State of Issue: _____ (Attach a eligible copy of your license)
8. Do you have a history of mental or nervous disorder? Yes No
9. Are you now or have you ever used or been addicted to the use of habit forming drugs such as narcotics or barbiturates? Yes No
10. Have you ever used any narcotic drug, dangerous drug, hallucinatory drug or any other substance deemed to be unlawful to possess or use? Yes No
11. Are you now or have you ever been a chronic user to excess of alcoholic beverages? Yes No
12. Has an order, injunction or judgment, whether or not final, been entered against you in a civil action on account of fraud, misrepresentation or deceit? Yes No
13. Have you filed bankruptcy within the last 15 years? If yes, attach a complete copy of the bankruptcy discharge. Yes No
If the answer to any of the above is "Yes", furnish complete details in "Remarks" Section "I" page 3.
14. Are you presently a member of a Military Reserve or National Guard Organization? Yes No
 If "Yes", complete the following. Grade: _____ Unit and Location: _____

B. CRIMINAL RECORD:

Have you ever been;

1. detained, held, arrested, indicted, or summoned into court as a defendant in a criminal proceeding? Yes No
2. convicted, fined or imprisoned or placed on probation? Yes No
3. ordered to deposit bail or collateral for the violation of any law, ordinance, police regulation or military regulation? Yes No
4. detained, held or arrested for a traffic violation? Yes No

If the answer is "Yes" to any of the above questions, complete the following

Date	Offense	Location of Offense	Disposition

(Additional space available in "Remarks" Section "I" page 3)



**Collection Agency Application
Personal History Statement**

C. EMPLOYMENT: (Show every employment you have had and all periods of employment for the past ten (10) years in chronological order with the most recent first. You must include complete addresses)

Date From / To	Name and Complete Address of Employer (include street, city, and zip) Resumes or Personal References – Are Not Accepted As Employment Verification	Position/ Title	Supervisor	Reason for Leaving

- 1. Did any of the above employment's require a security clearance? Yes No
- 2. Have you ever been refused Bond? Yes No

If the answer is "Yes", to either of the above explain in "Remarks" Section "I" page 3.

D. MEMBERSHIP: (in past and/or present organizations, show all memberships you have had for the past ten (10) years.)

Name of Organization	Type	Date From / To

E. EDUCATION: (Account for all schools attended other than primary grades K-8)

Dates From / To	Name and Location of School	Degree



**Collection Agency Application
Personal History Statement**

F. FAMILY: (Identify all family members, including children and siblings)

Relationship	Name	Current Address
Father:		
Mother:		
Spouse: (First and Maiden Name)		
Children/Brothers/Sisters:		

G. RESIDENCES: (Show all residences for the past ten (10) years in chronological order with the most recent first)

Date From / To	Street and Number and City	State and Zip

H. ATTACHMENTS:

- Have you attached a legible copy of your drivers' license? Yes No
- Have you attached your completed (according to the fingerprint card instructions) fingerprint card? Yes No
- A letter of explanation and resolve of any past or current derogatory credit or criminal issues? Yes No N/A

If No, why not? _____

I. REMARKS: (Furnish complete details attach additional sheets if necessary)



Collection Agency Application
Personal History Statement

Read, sign & notarize both top & bottom portion of this document.

AFFIDAVIT

STATE OF _____)ss
COUNTY OF _____

I certify that the above entries made by me are true, complete, and correct to the best of my knowledge and belief.

(Date) _____ (Signature) _____

Notarization of Signature

Subscribed and sworn to before me this _____ day of _____ 20_____

My commission expires: _____ (Notary Public) _____

AFFIDAVIT (part 2)

STATE OF _____)ss
COUNTY OF _____

I, (Print Your Name) _____ in connection with
(Print Company Name) _____ and pursuant
to the provisions of the Arizona Revised Statutes, hereby authorize the Superintendent of Financial Institutions,
the Attorney General of Arizona and their agents, to examine or receive a copy of any record maintained by the
United States Armed Forces, or any Governmental Body, or any University, College or Board of Education of any
state, or any bank or credit agency, relating to me, in the same manner and to the same extent as if I personally
applied for the same, and I hereby authorize such records be disclosed or furnished in accordance with any request
made by or on behalf of the Superintendent of Financial Institutions, the Attorney General of Arizona or their
agents.

(Date) _____ (Signature) _____

Notarization of Signature

Subscribed and sworn to before me this _____ day of _____ 20_____

My commission expires: _____ (Notary Public) _____



**Collection Agent Application
Personal Financial Statement**

Do not use for business statement.

Legibly print or type all information.

There must be an answer provided for each question. Therefore, if not applicable use "None" or "N/A." Schedule's, details and descriptions must be completed in space provided and by attachments if necessary.

Total assets must equal total liabilities and net worth.

Describe any unusual assets or liabilities.

Name _____ Financial Condition As Of _____ / _____ / _____ (mo/day/yr)

Address _____ City _____

State _____ Zip _____ Occupation _____

Customer at what financial institution _____ (office)

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in Bank		Notes Payable to Bank	
Cash in other Banks (detail)		Notes payable to Other Banks (detail)	
Ordinary Accounts receivable - Good		Ordinary Accounts Payable	
Due from Friends and Relatives (describe)		Due to Friends & Relatives (describe)	
Notes Receivable - Good (Sched 1)		Notes Payable to Others (describe)	
Mortgages Owned (Sched 1)		Automobile Loans or Leases	
Readily Marketable Securities (Sched 4)			
Other Securities (Sched 4)		Due to Brokers	
Cash Surrender Value of Life Insurance (Sched 5)		Loans on Life Insurance (Sched 5)	
Real Estate & Buildings (Sched 2)		Mortgages or Liens on Real Estate (Sched 3)	
Automobiles		Installment Loans	
Personal Property		Income Taxes Payable	
Other Assets (describe)		Other Taxes Payable	
		Other Liabilities (describe)	
		Credit Cards	
		TOTAL LIABILITIES	
		NET WORTH (Assets Minus Liabilities)	
TOTAL ASSETS		TOTAL LIABILITIES and Net Worth	

Approximate annual income and expense
(Exclusive of ordinary living expenses)

INCOME	AMOUNT	FIXED EXPENSES	AMOUNT
Salary From _____		Insurance Premiums	
Income from Securities		Rent or Mortgage Payments	
Real Estate Rental		Income Taxes (for year _____)	
Net Income form Business or Profession		Other Taxes	
Other (Alimony, child support or separate maint.)		Other (Include alimony, child support or separate maintenance payments if you are obligated to make them.	
TOTAL INCOME		TOTAL	

- Are the above evaluations on receivable conservative? Yes No (If no, explain by separate letter)
- Are any assets pledged or debts secured except as indicated? Yes No (If yes, itemize by debt and security)
- Do you have any contingent liabilities for guarantees, endorsements or otherwise? Yes No (If yes, explain)
- Do you do business with any other bank? Yes No (If yes, nature of business)



**Collection Agent Application
Personal Financial Statement**

5. If you are married are any of the above assets your spouse's separate property? Yes No (If yes, itemize)
6. Are there any suits, judgments, tax deficiencies or other claims pending or in prospect against you? Yes No (If yes, explain by separate letter)
7. Have you ever gone through bankruptcy or compromised a debt? Yes No (If yes, explain by separate letter)
8. Have you made a will? Yes No Who is named executor of estate? _____

Complete the following schedules

Schedule 1 - notes and mortgages owned			
Describe here or on separate sheet any important or unusual receivables.			
Name Of Debtor	Amount Due	How Payable	Remarks (Include description & value of any security)

Schedule 2 – real estate and buildings							
Please give details of encumbrances on Schedule 3 opposite proper parcel number.							
Parcel	Location & Description (Include improvements)	Monthly Income	Title In Name Of	Value On Land	Improvements	Encumbrances Amount	Fire Ins. Amount
No. #1							
No. #2							
No. #3							
No. #4							
No. #5							

What is the basis for the above valuations? (State whether cost, fair market value today or other basis) _____

Are there any properties held on joint tenancy? Yes No Parcel numbers _____

Schedule 3 - real estate encumbrances						
Parcel	Amt. Owing Per Sched 2	Nature Of Encumbrance And To Whom Payable	Interest Rate	Due Date	Payment Amount	*Are Interest & Principal Current.
No. #1						Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #2						Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #3						Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #4						Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #5						Yes <input type="checkbox"/> No <input type="checkbox"/>

*If any payments of principal or interest are delinquent please give details. _____

Are any taxes delinquent? YES NO (If yes, give amount and details) _____

Are there any unrecorded deeds, liens or other claims not shown above? _____



**Collection Agent Application
Personal Financial Statement**

Schedule 4 - securities owned
Please attach separate schedule sheet if needed.

Stock - Shares, Bond Amounts	Description	Value Carried On This Statement	Current Market On Listed Amount		Estimated Value on Unlisted		
			@	Amount	@	Amount	Ann. Div

In whose name are the above securities held? _____

If in names of yourself and co-owner, are they joint tenancy? _____

Schedule 5 - insurance

Public liability on autos \$ _____ Property Damage on Autos \$ _____

Life Insurance

Beneficiary	Amount Of Policy	Cash Value	Amount Of Liens	Net Cash Value
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

**I certify that the above information provided by me is true,
complete and correct to the best of my knowledge and belief.**

_____ **Date**

_____ **Signature**



**Collection Agency Application
Financial Statement**

Section 12

Page 1 of 5

To the Superintendent of Financial Institutions:

The financial statement of the licensee described below for the period beginning (m/d/y) _____ / _____ / _____ and ending (m/d/y) _____ / _____ / _____ is hereby submitted.

Name Of Licensee/Applicant _____

Address _____

City, State & Zip _____

Collection Agency License # CA _____

Information on the financial statement must be for the collection agency only.

Do not include personal items or the consolidation of other businesses.

I. BALANCE SHEET (As of the end of the reporting period).

(A) ASSETS

Dollars

1. (a) Cash – Client Trust	
(b) Cash – Other	
2. Notes Receivable - Secured	
3. Notes Receivable - Unsecured	
4. Accounts Receivable - Current	
5. Accounts Receivable - Past Due	
6. U. S. Govt. obligations	
7. Real Estate (Part III, line 5)	
8. Stock, bonds & other investments (Part IV, line 9)	
9. Other Assets (Part V, line 9)	
10. TOTAL ASSETS (sum of lines 1 thru 9)	

NOTE:

Line 10 Must Equal Line 25

Line 24 Must Be Positive

Line 1(a) Must be Greater Than or Equal to Line 12(a)



**Collection Agency Application
Financial Statement**

Section 12

Page 2 of 5

(B) LIABILITIES

Dollars

11. Notes Payable	
12. (a) Accounts Payable – Client Trust	
12. (b) Accounts Payable – Other	
13. Accrued Taxes	
14. Accrued Interest	
15. Subordinated Notes & Debentures	
16. Due to affiliates	
17. Other liabilities (Part VI, line 7)	
18. TOTAL LIABILITIES (sum of lines 11 thru 17)	

(C) NET WORTH

19. Preferred stock	Number of shares outstanding	_____	_____
	Par value per share	_____	
20. Common stock	Number of shares authorized	_____	
	Number of shares outstanding	_____	_____
	Par value per share	_____	
21. Additional paid-in capital			_____
22. Retained earnings (deficit)			_____
23. Treasury Stock			_____
24. TOTAL NET WORTH (sum of lines 19 thru 23)			* _____
25. TOTAL LIABILITIES & NET WORTH (sum of lines 18 & 24)			_____

II. STATEMENT OF CHANGE IN NET WORTH/EQUITY

	Capital Stock	Additional Paid-in Capital	Retained Earnings (Deficit)	Treasury / Stock	Total Equity
Balance, Beginning					\$
Dividends/Distributions					
Net Income (Loss)**					**
Other					
Balance, Ending*					*\$

NOTE:

* Ending balance must agree with Line 24 Of Section I (above).

** Net Income must agree with page 4, Line 23



Collection Agency Application Financial Statement

Section 12

Page 3 of 5

III. SCHEDULE OF REAL ESTATE OWNED

Description & Location	Title & Owner	Cost	Appraisal Value	Mortgages	Tax Value	Insurance
1.						
2.			\$	\$	\$	\$
3.			\$	\$	\$	\$
4.			\$	\$	\$	\$
5. Total Real Estate Owned		\$				

IV. SCHEDULE OF STOCKS, BONDS AND OTHER INVESTMENTS

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
1.	\$	5.	\$
2.	\$	6.	\$
3.	\$	7.	\$
4.	\$	8.	\$
		9. Total Stocks, Bonds and Other Investments	\$

V. SCHEDULE OF OTHER ASSETS

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
1.	\$	5.	\$
2.	\$	6.	\$
3.	\$	7.	\$
4.	\$	8.	\$
		9. Total Other Assets	\$

VI. SCHEDULE OF OTHER LIABILITIES

Name of Creditor	Amount	Type of Obligation	Description of Security	Amount of Security
1.	\$			\$
2.	\$			\$
3.	\$			\$
4.	\$			\$
5.	\$			\$
6.	\$			\$
7. Total Other Liabilities	\$			

VII. SCHEDULE OF CONTINGENT LIABILITIES

1. Upon Notes or Accounts Receivable Discounted Sold, or Assigned	\$
2. As Guarantor for Other on Notes Bonds Contracts, etc.	



Collection Agency Application
Financial Statement

Section 12

Page 4 of 5

3. Any Other Contingent Liability	
Total Contingent Liabilities	\$

VIII. STATEMENT OF INCOME AND EXPENSES

1. Income

2. Income from Collections	\$	
3. Profit (or loss) on investments	\$	
4. Income from investments	\$	
5. Other Income (Part XI (A), Page 5)	\$	
6. Total Income (sum of lines 2 thru 5)		\$
7. Expenses		
8. Salaries	\$	
9. Accounting Services	\$	
10. FICA taxes	\$	
11. Other taxes	\$	
12. Supplies	\$	
13. Depreciation	\$	
14. Insurance & bonds	\$	
15. Advertising	\$	
16. Interest	\$	
17. License & examination fees	\$	
18. Office expenses	\$	
19. Other expenses (Part IX (B), Page 5)	\$	
20. Total Expenses (sum of lines 8 thru 19)		\$
21. Profit (Loss) (line 6 less line 20)		\$
22. Income Taxes		\$
23. Net Profit (Loss) (line 21 less line 22) **		\$
24. Arizona Gross Annual Income Include in line 6 (above)***		\$

Line 23 *must* agree with Part II, page 2 of Financial Statement.

***This figure to be used to calculate the amount of your required surety bond.



Collection Agency Application
Financial Statement

XI. (A) SCHEDULE OF OTHER INCOME (Part VIII, Line 5):

Detail all items that exceed 10% of total "Other Income":

Five horizontal lines for listing items exceeding 10% of total other income.

All other income

Total Other Income

(B) SCHEDULE OF OTHER EXPENSES (Part VIII, Line 19):

Detail all items that exceed 10% of total "Other Expenses":

Five horizontal lines for listing items exceeding 10% of total other expenses.

All other expenses

Total Other Expenses

Date: _____

Prepared by: _____

Phone #: _____

VERIFICATION

State of _____)
) ss

County of _____

I, (name of person signing financial statement) _____ being duly sworn, depose and say that I have personal knowledge of the matters contained in and attached to this financial statement and everything contained therein is true and correct to the best of my knowledge and belief and that I have signed this financial statement as (official capacity) _____ of the above named applicant/licensee, having full authority to sign such financial statement in said capacity.

SIGNATURE

Subscribed and sworn to before me this _____ day of _____, 20 _____.

NOTARY PUBLIC

(Notarial Seal)
My commission expires _____