



# COLORADO UNIFORM CONSUMER CREDIT CODE 2016 RETAIL SALES (SELLERS/LESSORS) NOTIFICATION FORM

WEBSITE: [WWW.COAG.GOV/UCCC](http://WWW.COAG.GOV/UCCC) EMAIL: [UCCC@COAG.GOV](mailto:UCCC@COAG.GOV)

TELEPHONE: 720-508-6012

**YOU MUST COMPLETE AND RETURN  
THIS FORM WITH PAYMENT**

**RETURN 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. DO YOU MAKE, SERVICE, OR TAKE ASSIGNMENT OF SUPERVISED LOANS? (CIRCLE ONE) YES OR NO

6. DO YOU COLLECT PAYMENTS ON THE CONTRACTS YOU ORIGINATE? (CIRCLE ONE) YES OR NO

7. TOTAL NUMBER OF CREDIT SALES IN 2015 \_\_\_\_\_ TOTAL VOLUME \$ \_\_\_\_\_

8. 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 \_\_\_\_\_

9. ATTACH A LIST OF THE ADDRESSES OF ALL OFFICES AND RETAIL STORES IN COLORADO WHERE CONSUMER CREDIT SALES/LEASES ARE MADE.

**FEE SCHEDULE**

1. NOTIFICATION FEE \$ 130.00

2. LATE FEE\* (IF APPLICABLE) \$ \_\_\_\_\_

3. TOTAL FEES DUE \$ \_\_\_\_\_

PAID BY (CHECK ONE): CHECK \_\_\_\_\_ ELECTRONIC CHECK \_\_\_\_\_ CREDIT CARD \_\_\_\_\_

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

THE UNDERSIGNED HEREBY FILES NOTIFICATION OF INTENT TO ENGAGE IN MAKING OR COLLECTING OR ENFORCING RIGHTS UNDER  
COLORADO CONSUMER CREDIT SALES AND/OR 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: \_\_\_\_\_