

STATE OF COLORADO
 ADMINISTRATOR
 COLORADO FAIR DEBT COLLECTION PRACTICES ACT
 Email: car@coag.gov / Phone: (720) 508-6020

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 DENIAL OF APPLICATION.

1. Collection Agency Name _____
2. Officer/Owner/Partner/Member Name _____
3. Title _____
4. Home Address

 (Street Address) (City) (State) (Zip Code)
5. Direct Phone Number _____ Email Address _____
6. Date of Birth _____ Social Security Number _____
7. Occupational Record-Furnish a complete record of employment or business association for the last six 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)

From-To (Mo/Yr)	Employer	Address	Position	Duties

8. Have you ever been convicted of a felony, or entered a plea of guilty or nolo contendere to a felony? No ____ Yes ____ *If Yes, provide details (attach additional pages if necessary)*

9. Are there any pending criminal charges against you for a felony offense, or involving any of the following criminal charges: theft, receiving stolen property, forgery, impersonation, simulation, fraud, fraudulent and deceptive sales and business practices, Uniform Consumer Credit Code offenses, computer crimes or financial transaction device offenses? No ____ Yes ____ *If Yes, provide details (attach additional pages if necessary)*

10. Have you ever been convicted of, or entered a plea of guilty or nolo contendere to any of the following crimes or similar offenses: theft, receiving stolen property, forgery, impersonation, simulation, fraud, fraudulent and deceptive sales and business practices, Uniform Consumer Credit Code offenses, computer crimes or financial transaction device offenses? No ____ Yes ____ *If Yes, provide details (attach additional pages if necessary)*

11. Are you a current or prior owner (in whole or in part), officer, or employee of any collection agency against which disciplinary or adverse action was taken by any governmental agency? No ___ Yes ___ *If Yes, provide details including your position and name of the collection agency.*

12. 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 entity? No ___ Yes ___ *If Yes, provide the name of the governmental entity, their address and phone number as well as the type of license or registration.*

13. Have you, as an individual, been denied a collection agency, debt collector, solicitor, collection manager, lender, mortgage or other financial services provider license or registration by any governmental entity? No ___ Yes ___ *If Yes, provide the name of the governmental entity, their address and phone number as well as the type of license or registration.*

14. Has any collection agency, debt collector, solicitor, collections 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 is any such action now pending? No ___ Yes ___ *If Yes, provide details (attach additional pages if necessary)*

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

(Date)

(Signature)

(Print Name and Title)

Subscribed and sworn to before me in the County of _____, State of _____, on this _____ day of _____ 20_____.

NOTARY PUBLIC

My Commission expires:
