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**STATE OF COLORADO
DEPARTMENT OF LAW**

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**Consumer Protection Section
Consumer Credit Unit**

NOTICE OF COLLECTIONS MANAGER CHANGE FORM

Licensed collection agencies should use this form to report any changes to their Collections Manager. Per § 5-16-122(3)(a), C.R.S. and Rule 1.01, Rules of the Administrator, a licensee must notify the Administrator within 30 days of such change. For the required qualifications a Collection Manager must meet, please refer to §§ 5-16-119(1)(a) and 5-16-123(2), C.R.S.

Collection Agency's Legal Name:	Collection Agency's License Number(s):
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Name of person to contact regarding this change:	Phone Number:	Email Address:
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Select ONE of the following:

 New Collections Manager replaces existing approved Collections Manager on file

 New Collections Manager is serving as a backup to existing Collections Manager on file

Name of NEW Collections Manager:

Name of EXISTING (approved) Collections Manager:

DATE EXISTING (approved) Collections Manager ceased role:

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

Signature _____ Printed Name _____	Date _____
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Mail the Completed Form to:

**Colorado Department of Law
Consumer Credit Unit-CAR
Ralph L. Carr Colorado Judicial Center
1300 Broadway, 6th Floor
Denver, CO 80203**

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

COLLECTIONS MANAGER FORM

OMISSIONS MAY BE CONSTRUED AS INTERNTIONAL FAILURE TO DISCLOSE A MATERIAL FACT AND MAY BE SUFFICIENT GROUNDS FOR DENIAL OF APPLICATION.

1. Collection Agency Name _____

2. Collection Agency License # _____

3. Collections Manager Name _____

4. Home Address

(Street Address) (City) (State) (Zip)

5. Direct Phone No. _____ Email _____

6. Date of Birth _____ Social Security No. _____

7. Occupational Record: 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):

Dates (month, year) From To	Employer	Address	Position	Duties
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Have you been approved as a collections manager by the Administrator of the Colorado Fair Debt Collections Practices Act? No ____ Yes ____ *If Yes, give dates of approval and name of the collection agency for which you worked.*

9. 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)*

10. 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)*

11. 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)

12. 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.*

13. 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.

14. Have you, as an individual, been denied a collection agency, debt collector, solicitor, collections 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.*

15. 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)*

Approval as collections manager is contingent upon filing a satisfactory form, meeting the minimum qualifications stated in § 5-16-119(1)(a), C.R.S., having none of the disqualifications stated in § 5-16-123(2)(a), C.R.S., and employment by a licensed collection agency.

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

(Date)

(Signature)

(Print Name and Title)