

COLORADO UNIFORM CONSUMER CREDIT CODE

2020 RETAIL SALES (SELLERS/LESSORS) INITIAL NOTIFICATION FORM

WEBSITE: WWW.COAG.GOV/UCCC EMAIL: UCCC@COAG.GOV TELEPHONE: 720-508-6010

YOU MUST COMPLETE ALL SECTIONS AND FORMS.

IF A SECTION DOES NOT APPLY, PLEASE WRITE N/A. ENCLOSE CHECK PAYMENT WITH SUBMISSION.

RETURN TO:

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

MAKE CHECKS PAYABLE TO: COLORADO
UNIFORM CONSUMER CREDIT CODE OR
COLORADO UCCC

COMPLETE THE FOLLOWING:

1. LEGAL NAME:

2. ALL TRADE NAMES IN WHICH BUSINESS IS TRANSACTED:

3. PHYSICAL ADDRESS OF PRINCIPAL OFFICE (MAY BE OUTSIDE COLORADO):

4. DO YOU HAVE ANY ADDITIONAL LOCATION(S) WHERE CONSUMER CREDIT SALES/LEASES ARE MADE?
(CIRCLE ONE) YES OR NO **IF YES, YOU MUST COMPLETE THE ENCLOSED LIST OF LOCATIONS**

5. ARE CONSUMER CREDIT SALES OR CONSUMER LEASES MADE OTHER THAN AT AN OFFICE/RETAIL STORE/LOCATION?
(CIRCLE ONE) YES OR NO IF YES, HOW? ☐ MAIL ☐ INTERNET ☐ OTHER _____

6. DATE IN WHICH CONSUMER CREDIT TRANSACTIONS COMMENCED IN COLORADO:

7. TOTAL # OF CREDIT SALES IN 2019 (INCLUDES ASSIGNMENT) _____ TOTAL VOLUME \$ _____

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

9. DO YOU ONLY ENGAGE IN CONSUMER CREDIT SALES (EXTENSION OF CREDIT AS PART OF THE PURCHASE OR LEASE OF GOODS, SERVICES, A MOBILE HOME, OR AN INTEREST IN LAND) AS OPPOSED TO MAKING OR TAKING ASSIGNMENT OF SUPERVISED LOANS (DIRECT LOANS TO CONSUMERS IN EXCESS OF 12% APR)? (CIRCLE ONE) YES OR NO

IF YOU ANSWER "NO"—MEANING THAT YOU ARE ALSO MAKING OR TAKING ASSIGNMENT OF SUPERVISED LOANS—YOU MUST OBTAIN A SUPERVISED LENDER'S LICENSE.

10. NAME & ADDRESS OF COLORADO REGISTERED AGENT UPON WHOM SERVICE OF PROCESS MAY BE MADE:

FEE SCHEDULE

1. NOTIFICATION FEE \$ _____ 150.00
2. LATE FEE* (IF APPLICABLE) \$ _____
3. TOTAL FEES DUE \$ _____

***NOTIFICATIONS FILED AFTER 30 DAYS OF COMMENCING BUSINESS MUST INCLUDE A STATUTORY LATE FEE OF \$5.00 PER CALENDAR DAY IMPOSED STARTING THE 31ST DAY OF BUSINESS.**

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 INCLUDE A PHOTOCOPY OF YOUR DRIVER'S LICENSE, STATE IDENTIFICATION CARD, OR OTHER PHOTO IDENTIFICATION.**

COMPLETE HOME ADDRESS: _____ SSN: _____

2020 CONTACT INFORMATION LIST
Colorado Uniform Consumer Credit Code

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

Company Name: _____

Contact Person for Notification Questions and General Mailings:

Name: _____

Title: _____

Address: _____

Email Address: _____ Phone Number: _____

Contact Person for Compliance Examinations:

Same as Above: _____

Name: _____

Title: _____

Address: _____

Email Address: _____ Phone Number: _____

Contact Person for Consumer Complaints:

Same as Above: _____

Name: _____

Title: _____

Address: _____

Email Address: _____ Phone Number: _____

2020 LIST OF ASSIGNEES

Colorado Uniform Consumer Credit Code

IF YOU SELL OR ASSIGN CONSUMER CREDIT SALES AND LEASES TO FINANCE COMPANIES OR BANKS, YOU MUST COMPLETE THE FORM PROVIDED BELOW.

LIST THE NAME AND COMPLETE MAILING ADDRESS OF EACH COMPANY THAT PURCHASES OR TAKES ASSIGNMENT OF YOUR CONSUMER CREDIT SALES AND LEASES. ATTACH ADDITIONAL SHEETS IF NECESSARY.

NAME OF ASSIGNEE(S)	MAILING ADDRESS(ES)
	_____ Address _____ CityStateZip Code
	_____ Address _____ CityStateZip Code
	_____ Address _____ CityStateZip Code
	_____ Address _____ CityStateZip Code
	_____ Address _____ CityStateZip Code
	_____ Address _____ CityStateZip Code
	_____ Address _____ CityStateZip Code

2020 OWNERSHIP-COLLECTION ACTIVITY QUESTIONNAIRE

Colorado Uniform Consumer Credit Code

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

Company Name: _____

Provide the names of the owners, stockholders of the corporation, or the members of the limited liability company and the percentage of each owner's, 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)

Name

% of Stock or Member Ownership

Collection Activity

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

Name of Company

Address

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

Name of Company

Address

2020 LIST OF LOCATIONS

Colorado Uniform Consumer Credit Code

LIST ALL OFFICES, RETAIL STORES, AND LOCATIONS WHERE CONSUMER CREDIT SALES/LEASES ARE MADE. ATTACH ADDITIONAL SHEETS IF NECESSARY.

LOCATION(S)

Street Address

City

State

Zip Code

Street Address

City

State

Zip Code

Street Address

City

State

Zip Code

Street Address

City

State

Zip Code

Street Address

City

State

Zip Code

Street Address

City

State

Zip Code

Street Address

City

State

Zip Code

2020 LIST OF GAP ADMINISTRATORS

Colorado Uniform Consumer Credit Code

IF YOU SELL GUARANTEED ASSET PROTECTION (GAP) WAIVERS, YOU MUST COMPLETE THE FORM PROVIDED BELOW.

LIST THE NAME AND COMPLETE MAILING ADDRESS OF EACH GAP ADMINISTRATOR. ATTACH ADDITIONAL SHEETS IF NECESSARY.

NAME OF GAP ADMINISTRATOR(S)	MAILING ADDRESS(ES)
	_____ Address _____ CityStateZip Code
	_____ Address _____ CityStateZip Code
	_____ Address _____ CityStateZip Code
	_____ Address _____ CityStateZip Code
	_____ Address _____ CityStateZip Code
	_____ Address _____ CityStateZip Code
	_____ Address _____ CityStateZip Code