

**COLORADO FAIR DEBT COLLECTION PRACTICES ACT  
LICENSE VERIFICATION FORM**

**Applicant:** Complete the top of this form and mail it to all jurisdictions where licensed as a collection agency, debt collector, payday lender or other financial services provider. Copy the form and use as needed.

**Regulator:** Please complete the bottom part of this form and send it to us at:

Colorado Department of Law  
Consumer Credit Unit  
Ralph L. Carr Colorado Judicial Center  
1300 Broadway, 6<sup>th</sup> Floor  
Denver, CO 80203  
[car@coag.gov](mailto:car@coag.gov)

APPLICANT SECTION		
Applicant Name:	Principal Address:	
State & License Number:	Type of License:	Original License Date:
Trade Name(s) used in state where licensed:	Names of Senior Officers, Owners, Partners, Managers:	
STATE REGULATOR SECTION		
1. Is the above applicant licensed/regulated by your agency?		Yes_____ No _____
2. Is the information provided by the applicant (above) accurate?		Yes_____ No _____
3. Are there significant, unresolved complaints against applicant? <i>If Yes, Provide details</i>		Yes_____ No _____
4. Have you taken any disciplinary, administrative, or legal action(s) against applicant? <i>If Yes, provide details</i>		Yes_____ No _____
5. Are there any pending or contemplated disciplinary, administrative, or legal action(s) against applicant? <i>If Yes, provide details</i>		Yes_____ No _____
Name of person completing this form: _____		
Title: _____ State: _____ Date: _____		
Phone Number: _____		