

**PHIL WEISER**  
Attorney General

**NATALIE HANLON LEH**  
Chief Deputy Attorney General

**ERIC R. OLSON**  
Solicitor General

**ERIC T. MEYER**  
Chief Operating Officer



**RALPH L. CARR**  
**COLORADO JUDICIAL CENTER**  
1300 Broadway, 6th Floor  
Denver, Colorado 80203  
Phone (720) 508-6020

**Consumer Protection Section**  
**Consumer Credit Unit**

**STATE OF COLORADO**  
**DEPARTMENT OF LAW**

**COLORADO COLLECTION AGENCY LICENSE**  
**COLLECTIONS MANAGER CHANGE FORM**

Licensed collection agencies should use this form to report any changes to their Collections Manager. Per § 5-16-122(3)(c), C.R.S. and Rule 1.01, a licensee must notify the Administrator within 30 days of such change. Refer to §§ 5-15-119(1)(a) and 5-16-122(2), C.R.S., for more information. The laws and rules can be found on our website: [www.coag.gov/car](http://www.coag.gov/car).

Collection agency's legal name:		Collection agency's license #:	
Name of person to contact regarding this change:	Phone number:	Email:	
<b>Select ONE of the following:</b>			
<input type="checkbox"/> New Collections Manager replaces existing approved Collections Manager on file;			
<input type="checkbox"/> New Collections Manger is serving as a backup to existing Collections Manger on file.			
Name of New Collections Manager:			
Name of Existing (approved) Collections Manager:			
Date Existing (approved) Collections Manager ceased role:			
You must <b>mail</b> this completed form, with the Collections Manager Form, to:			
Colorado Department of Law Consumer Credit Unit 1300 Broadway, 6 <sup>th</sup> Floor Denver, CO 80203 <a href="mailto:car@coag.gov">car@coag.gov</a>			

**Corporations should include the signature of the President or other authorized official of the corporation. LLCs should include the signature of the managing member. Partners must sign individually or in accordance with the Partnership Agreement. Statements made herein are made under oath. False statement may be punishable as second-degree perjury.**

\_\_\_\_\_  
Signature of owner, partner or officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name & title

**COLORADO COLLECTION AGENCY LICENSE  
COLLECTIONS MANAGER FORM**

Statements made herein are made under oath. Omissions may be construed as intentional failure to disclose a material fact and may be grounds for rejection of an application [see § 5-16-120(2), C.R.S.].

Collection agency's name:

\_\_\_\_\_

Collections manager's name:

\_\_\_\_\_

Home address:

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Direct phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN (last four ONLY): \_\_\_\_\_

**Employment History**

Provide a complete record of employment and business associations for the last six years, including all companies in which you have or had an interest as an officer, director, or voting stockholder. Account for all periods of time. Periods of unemployment should be indicated with dates. Include your position and a brief description of duties. A current resume containing the requested information may substitute the list. Attach additional pages if necessary.

Dates (MM/YY): \_\_\_\_\_ TO \_\_\_\_\_

Employer: \_\_\_\_\_

Position Title: \_\_\_\_\_

Duties (brief description): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates (MM/YY): \_\_\_\_\_ TO \_\_\_\_\_

Employer: \_\_\_\_\_

Position Title: \_\_\_\_\_

Duties (brief description): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates (MM/YY): \_\_\_\_\_ TO \_\_\_\_\_

Employer: \_\_\_\_\_

Position Title: \_\_\_\_\_

Duties (brief description): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**License/Registration History**

Please list all licenses or registrations you hold or have held as a collection agency, debt collector, solicitor, collections manager, lender, mortgage, or other financial services provider in Colorado or any other regulatory entity. A current list containing the requested information may substitute the list below. Attach additional pages if necessary.

Regulatory agency name: \_\_\_\_\_

Regulatory agency address: \_\_\_\_\_

Type of license/registration: \_\_\_\_\_

License/Registration # (if one): \_\_\_\_\_ Date first licensed/registered: \_\_\_\_\_

Regulatory agency name: \_\_\_\_\_

Regulatory agency address: \_\_\_\_\_

Type of license/registration: \_\_\_\_\_

License/Registration # (if one): \_\_\_\_\_ Date first licensed/registered: \_\_\_\_\_

Regulatory agency name: \_\_\_\_\_

Regulatory agency address: \_\_\_\_\_

1. Have you been approved as a collections manager by the Administrator of the Colorado Fair Debt Collection Practices Act (CFDCPA)?

Yes \_\_\_\_\_ No \_\_\_\_\_ *If Yes, provide details of when and with which collection agency you were with when approval was granted:*

\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever been convicted of or pled guilty or nolo contendere to a felony?

Yes \_\_\_\_\_ No \_\_\_\_\_ *If Yes, provide details (attach additional pages if necessary).*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been convicted of or pled guilty or nolo contendere to theft, receiving stolen property, forgery, impersonation, simulation, fraud, fraudulent and deceptive sales and business practices, offenses related to the Uniform Consumer Credit Code, computer crimes, financial transaction devices or other similar offenses?

Yes \_\_\_\_\_ No \_\_\_\_\_ *If Yes, provide details (attach additional pages if necessary).*

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4. Are there any pending criminal charges against you for a felony offense or involving theft, receiving stolen property, forgery, impersonation, simulation, fraud, fraudulent and deceptive sales and business practices, offenses related to the Uniform Consumer Credit Code, computer crimes, financial transaction devices or other similar offenses?

Yes \_\_\_\_\_ No \_\_\_\_\_ *If Yes, provide details (attach additional pages if necessary).*

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5. Have you, or any organization during a time when you were associated with it as an owner, partner, member if an LLC or association, officer, director, or principal employee, ever had a business license or registration suspended, canceled, revoked, or subjected to any other disciplinary action (whether or not a final order or judgment was entered), by any governmental entity; had an application for such license or registration denied; or withdrawn to avoid a denial or any related request?

Yes \_\_\_\_\_ No \_\_\_\_\_ *If Yes, provide details (attach additional pages if necessary).*

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6. Have you, or any organization during a time when you were associated with it as an owner, partner, member if an LLC or association, officer, director, or principal employee, been involved in any voluntary or involuntary bankruptcy, receivership, or insolvency proceedings, or had any unsatisfied judgments or liens against you or such an organization?

Yes \_\_\_\_\_ No \_\_\_\_\_ *If Yes, provide details (attach additional pages if necessary).*

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7. Have you ever been held liable in any civil fraud action in any judicial or administrative proceeding by a federal, state, or local governmental entity?

Yes \_\_\_\_\_ No \_\_\_\_\_ *If Yes, provide details (attach additional pages if necessary).*

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**Approval as a collections manager is contingent upon filing a satisfactory form, meeting the minimum qualifications in § 5-116-119(1)(a), C.R.S., having none of the disqualifications in § 5-116-123(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.**

\_\_\_\_\_  
Print name of individual submitting this affidavit Title/position

\_\_\_\_\_  
Signature Date