

**COLORADO DEBT MANAGEMENT PROVIDER REGISTRATION  
LICENSE/REGISTRATION VERIFICATION**

**Applicant:** Complete the top part of this form and mail it to all state that license you as a debt management services provider. Copy the form and use it as needed.

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

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

**APPLICANT SECTION**

Applicant name:	Principal address:
State & license/registration #:	Type of license/registration:
Trade name(s) used in state where licensed:	Original license/registration date:

**STATE REGULAOR SECTION**

- Is the above applicant licensed/regulated by your agency? Yes \_\_\_ No \_\_\_
- Is the information provided by the applicant (above) accurate? Yes \_\_\_ No \_\_\_
- Have you examined applicant for state law compliance? Yes \_\_\_ No \_\_\_
- Are there any significant, unresolved examination issues? Yes \_\_\_ No \_\_\_
- Are there any significant, unresolved complaints against applicant? Yes \_\_\_ No \_\_\_
- Have you taken any disciplinary, administrative or legal action(s) against applicant? Yes \_\_\_ No \_\_\_
- Are there any pending or contemplated disciplinary, administrative or legal action(s) against applicant? Yes \_\_\_ No \_\_\_

Name and title of person completing this form:

\_\_\_\_\_

State: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_