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**STATE OF COLORADO  
DEPARTMENT OF LAW**

**RALPH L. CARR**  
**COLORADO JUDICIAL CENTER**  
1300 Broadway, 6th Floor  
Denver, Colorado 80203  
Phone (720) 508-6012  
**Consumer Protection Section**  
**Consumer Credit Unit**

**COLORADO DEBT-MANAGEMENT SERVICES PROVIDER  
APPLICATION INSTRUCTIONS**

Debt-Management Services Providers may not provide debt-management services to individuals residing in Colorado, unless the provider is registered in accordance with the Colorado Debt-Management Services Act ("CDMSA"). This includes, but is not limited to, Consumer Credit Counseling agencies, Debt Settlement agencies, telemarketing or marketing companies advertising as Credit Counseling or Debt Settlement agencies.

Your organization's initial license application should be sent to:

Colorado Department of Law  
Consumer Credit Unit – Debt-Management  
Ralph L. Carr Colorado Judicial Center  
1300 Broadway, 6<sup>th</sup> Floor  
Denver, CO 80203

**REGISTRATION FEE**

The registration fee is \$ 1,000 and is due with your initial application pursuant to § 5-19-205(b)(1), C.R.S. and 4 CCR 902-2 Rule 1.

Each fee must be sent by check. Checks should be made payable to: "Colorado Uniform Consumer Credit Code (UCCC)" and mailed to the address listed in the previous section (above).

**IMPORTANT LEGAL REQUIREMENTS**

- **Obligation to Update Information.** Pursuant to § 5-19-207, C.R.S., an applicant or registered provider must notify the administrator within fifteen days after a change in the information specified in §§ 5-19-205 (b)(5) or section 5-19-206 (1), (3), (6), (10), or (11).
- **Prerequisites for Providing debt-management services.** Pursuant to § 5-19-217(a), C.R.S., there are certain requirements providers must meet before providing or contracting to provide debt-management services. See § 5-19-217, C.R.S. for more details
- **Electronic Communications.** Pursuant to § 5-19-217(b), C.R.S., a provider may satisfy the requirements of §§ 5-19-217, 5-19-219, or 5-19-227 by means of the internet or other electronic means if the provider obtains a consumer's consent in the manner provided by section 101 (c) (1) of the federal act.
- **Form and Contents of Agreements.** Pursuant to § 5-19-219(a)(1), C.R.S., an agreement shall be in a record and contain specific information. See § 5-19-219, C.R.S. for more details.
- **Cancellation of Agreements.** Pursuant to § 5-19-220, C.R.S., an individual may cancel an agreement after assenting to it. See § 5-19-220, C.R.S. for more details.
- **Fees and Other Charges.** Pursuant to § 5-19-223(a) and (b), C.R.S., a provider may not impose directly or indirectly a fee or other charge on an individual or receive money from or on behalf of an individual for

debt-management services until the provider and the individual have signed an agreement that complies with §§ 5-19-219 and 5-19-228, C.R.S. See § 5-19-223, C.R.S. for more details.

- **Voluntary Contributions.** Pursuant to § 5-19-224, C.R.S., a provider may not solicit a voluntary contribution from an individual or an affiliate of the individual for any service provided to the individual and there are limits on when and how much a provider may accept. See § 5-19-224, C.R.S. for more details.
- **Voidable Agreements.** Pursuant to § 5-19-225, C.R.S., an individual may void the agreement and recover money, as provided in § 5-19-235, in certain cases. See § 5-19-225, C.R.S. for more details.
- **Termination of an Agreement.** Pursuant to § 5-19-226(a) and (b), C.R.S., if an individual who has entered into an agreement fails for sixty days to make payments required by the agreement, a provider may terminate the agreement, however, the provider shall immediately return to the individual any money of the individual held in trust for the benefit of the individual.
- **Advertising.** Pursuant to § 5-19-230, C.R.S., a provider that advertises debt-management services shall disclose, in an easily comprehensible manner, the information specified in section 5-19-217 (d)(3) and (d)(4).

The Colorado Debt-Management Services Act and Related Laws and 4 CCR 902-1 Rules can be found on our website: [www.coag.gov/debt-management/registration](http://www.coag.gov/debt-management/registration).

## REQUIRED DOCUMENTS

Debt-Management Services Providers may not provide debt-management services to individuals residing in Colorado until registered. A provider may only use the name(s) appearing on the debt-management registration. Your application should therefore include all legal and trade names used in the lending business.

Those seeking a debt-management services provider registration, must submit:

1. **Application and licensing fee.** Complete and originally sign this application and send it with the \$1,000 licensing fee. If we notify you that the application is incomplete, you will have 45 days to complete the application.
2. **Personal Affidavit.** You must provide a Personal Affidavit (form enclosed) for each individual director, officer, Agent, anyone with at least 10% ownership and anyone authorized to initiate transactions to the trust account. Please ensure each Affidavit is complete and originally signed.
3. **Criminal History Record Check.** At the Applicant's expense, a state and national fingerprint-based criminal history records check must be conducted through the Colorado Bureau of Investigations (CBI) within the immediately preceding twelve months. This criminal history record check includes: (1) every Officer and (2) every Employee of the Applicant or every Employee of a third party designee who is authorized to initiate transactions to the trust account. See § 5-19-222, C.R.S. Refer to the Fingerprint/Background Check Instructions (enclosed). Please attach a statement with your application that fingerprints have been submitted to CBI.
4. **Financial Responsibility.** Provide one form of financial responsibility in the amount of fifty thousand dollars (\$50,000.00). The form of financial responsibility must be in effect during the period of registration and for two years after the provider ceases providing debt-management services to Colorado consumers. Acceptable forms of financial responsibility are an original:
  - **Surety Bond** (form attached). The Surety Bond must be issued by a bonding, surety, or insurance company authorized to do business in Colorado and rated at least "A" by a nationally recognized rating organization. Provide evidence of the bonding, surety or insurance company rating.; or
  - **Letter of Credit.** The Letter of Credit must be irrevocable with no conditions; issued by a state or national bank, or saving and loan doing business in Colorado; state the dollar amount; name the UCCC Administrator as beneficiary in favor of the People of the State of Colorado; and be payable upon

presentation of a certificate stating that the provider has not complied with part 2 of the Colorado Uniform Debt-Management Services Act.

5. **Trust Accounts.** Applicants must provide a Trust Account Authorization and Consent Form (enclosed) with irrevocable consent to examine, for all active trust accounts held by the Applicant or any third party designee that arranges or establishes special purpose, savings or similar accounts for consumers. You must provide an Authorization and Consent Form for each trust account. Additionally, you must provide a copy of the agreement between the Applicant and the third party designee (if applicable).
6. **Financial Statements.** Provide copies of the provider's audited financial statements for each of the two prior years or, the period of existence if less than two years. Include contact information for the auditor and date of audit. If the Applicant holds money on behalf of Colorado consumers, you must also provide a statement disclosing the total amount of money received from Colorado consumers and the total amount of money distributed by the Applicant pursuant to plans during the prior twelve months. If the Applicant does not hold money on behalf of Colorado consumers, provide a statement disclosing business transacted with Colorado consumers during the prior twelve months. This statement must include:
  - a. The number of consumers with whom the Applicant has had agreements;
  - b. The number of fully settled debt agreements with creditors that Applicant concluded; and
  - c. An estimate of the total amount of debt under contract between the Applicant and Colorado consumers.
7. **Educational Programs Provided by the Applicant.** Provide a description of the three most commonly used educational programs that the Applicant provides, or intends to provide, to consumers in Colorado and a copy of any materials used in those programs. The description is confidential commercial data under section § 24-72-204 (3)(a)(IV), C.R.S.
8. **Financial Analysis of Consumers.** Provide a description, including form(s) or electronic model(s), of the Applicant's financial analysis and initial plan used to evaluate the financial condition of consumers.
9. **Forms and Agreements.** Provide copies of all agreements to be used with Colorado consumers, including those of the Applicant and any third party designee.
10. **Schedule of Fees and Charges.** Provide a schedule of all fees and charges to be used with Colorado consumers, including those of the Applicant and any third party designee.
11. **Branch Office List (if applicable).** List all branch locations on the Branch Office list (enclosed). A list containing the same information may be substituted.
12. **Non-Profit Companies (if applicable).** Non-profit applicants must provide the following:
  - a. Evidence of non-profit and tax-exempt status applicable to the Applicant under the Federal Internal Revenue Code, 26 U.S.C., §. 501;
  - b. The amount of compensation of the Applicant's five most highly compensated employees for each of the three years immediately preceding the application, or for the period of existence if less than three years; and
  - c. Evidence that the Applicant's Board of Directors is independent of the Applicant's employees and agents. See § 5-19-209(d)(1) & (2), C.R.S.
13. **Affiliates (if applicable).** All Applicants must disclose the identity of each Director who is an affiliate of the Applicant, as defined in § 5-19-202(2), C.R.S.
14. **Registration Verification(s).** Applicants must list all registrations they hold or have held in other states as well as provide Verification of each registration. Complete the top of the Registration Verification Form (enclosed) and mail to all regulatory agencies where you are registered. Attach copies of all verification forms you mailed so we may track receipt of these forms.
  - The Administrator may accept the license and/or registration of another state agency. If an Applicant holds a license or registration in another state authorizing it to provide debt-management services, it may

and mail to all regulatory agencies where you are registered. Attach copies of all verification forms you mailed so we may track receipt of these forms.

- The Administrator may accept the license and/or registration of another state agency. If an Applicant holds a license or registration in another state authorizing it to provide debt-management services, it may submit a copy of that license or registration certificate and that application, if the application contains information substantially similar to or more comprehensive than the information required by this application; and the Applicant, under oath or certified under the penalties of perjury, certified that the information contained in that application is current, or to the extent it is not current, supplements that application to make the information current. The applicant must also provide all attachments required by § 5-19-205 and 5-19-206, C.R.S.

15. **DBA, trade, or assumed names.** If the Applicant uses a trade name, attach a copy of the properly filed trade name affidavit, showing the trade/assumed name, from the Colorado Secretary of State. Contact the Colorado Secretary of State at (303) 894-2200, or go to: [www.sos.state.co.us](http://www.sos.state.co.us), for more information.

16. **Other documentation.**

- For Corporations:* Attach a copy of the Articles of Incorporation, Certificate of Authority or Good Standing, or Statement of Foreign Entity Authority from the Colorado Secretary of State, or application therefore containing the filing date and account number. Contact the Colorado Secretary of State at (303) 894-2200, or go to: [www.sos.state.co.us](http://www.sos.state.co.us), for more information.
- For Limited Liability Companies:* Attach a copy of the Certificate of Organization, Certificate of Authority or Good Standing, or Statement of Foreign Entity Authority from the Colorado Secretary of State. Contact the Colorado Secretary of State at (303) 894-2200, or go to: [www.sos.state.co.us](http://www.sos.state.co.us), for more information.
- For Partnerships:* Attach a copy of the Partnership Agreement. A limited partnership must also submit a copy of the recorded certificate filed with the Colorado Secretary of State, as required by § 7-61-103, C.R.S. Contact the Colorado Secretary of State at (303) 894-2200, or go to: [www.sos.state.co.us](http://www.sos.state.co.us), for more information.
- For Sole Proprietors:* Applicants who are sole proprietors/natural persons must complete an affidavit of citizenship/legal residency, available at: [www.coag.gov/student-loan-servicers/licensing](http://www.coag.gov/student-loan-servicers/licensing), as well as include a copy of one of the approved types of verifiable identification listed with the affidavit. If you are unable to provide one of the verifiable forms of identification, a waiver may be requested through the Colorado Department of Revenue at: [www.colorado.gov/dmv/public-benefits](http://www.colorado.gov/dmv/public-benefits).

<p style="text-align: center;"><b>COLORADO DEBT-MANAGEMENT SERVICES PROVIDER REGISTRATION APPLICATION CHECKLIST</b></p>
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\_\_\_\_\_ **Completed Application with licensing fee.** You must complete this application and submit it with original signatures as well as the \$1,000 licensing fee.

\_\_\_\_\_ **Personal Affidavits.** You must submit a Personal Affidavit (enclosed) for each individual director, officer, Agent, anyone with at least 10% ownership and anyone authorized to initiate transactions to the trust account.

\_\_\_\_\_ **Criminal History Record Check.** A criminal history record check is required for (1) every Officer and (2) every Employee of the Applicant or every Employee of a third party designee who is authorized to initiate transactions to the trust account. See § 5-19-222, C.R.S. Refer to the Fingerprint/Background Check Instructions (enclosed).

\_\_\_\_\_ **Financial Responsibility.** You must submit proof of financial responsibility in the form of a surety bond (form enclosed) or Letter of Credit and provide evidence of the bonding, surety or insurance company rating.

- \_\_\_\_\_ **Educational Programs Provided by the Applicant.** Provide a description of the three most commonly used educational programs that the Applicant provides, or intends to provide, to consumers in Colorado and a copy of any materials used in those programs. The description is confidential commercial data under section § 24-72-204 (3)(a)(IV), C.R.S.
- \_\_\_\_\_ **Financial Analysis of Consumers.** Provide a description, including form(s) or electronic model(s), of the Applicant's financial analysis and initial plan used to evaluate the financial condition of consumers.
- \_\_\_\_\_ **Forms and Agreements.** Provide copies of all agreements to be used with Colorado consumers, including those of the Applicant and any third party designee.
- \_\_\_\_\_ **Schedule of Fees and Charges.** Provide a schedule of all fees and charges to be used with Colorado consumers, including those of the Applicant and any third party designee.
- \_\_\_\_\_ **Branch Office List (if applicable).** List all branch locations on the Branch Office list (enclosed). A list containing the same information may be substituted.
- \_\_\_\_\_ **Proof of Non-Profit Status (if applicable).** Provide proof of non-profit status per the instructions in #12 (above).
- \_\_\_\_\_ **Affiliates (if applicable).** All Applicants must disclose the identity of each Director who is an affiliate of the Applicant, as defined in § 5-19-202(2), C.R.S.
- \_\_\_\_\_ **Registration Verification(s).** You must complete the top part of the Registration Verification Form (enclosed) and send to each agency where you hold a registration as a debt-management services provider. Please provide copies of your sent forms with the application, so we can track receipt from each state.
- \_\_\_\_\_ **Trade/DBA Name Affidavit (if applicable).** You must submit proof of the trade/DBA name approval filed with the Colorado Secretary of State or \*another jurisdiction.
- \_\_\_\_\_ **Organizational documentation.** You must submit proof of the trade/DBA name approval filed with the Colorado Secretary of State or \*another jurisdiction. Provide a copy of Certificate of Authority or Good Standing or similar (corporations); copy of Certificate of Organization or similar (LLCs); copy of Partnership Agreement (partnerships); or affidavit of citizenship/legal residency and copy of approved, verifiable identification (sole proprietorship). Providers who are not required to file with the Colorado Secretary of State may substitute similar certificates/tradename approval from the state in which the office is located.

**COLORADO DEBT-MANAGEMENT SERVICES PROVIDER REGISTRATION APPLICATION  
ORGANIZATIONAL INFORMATION**

Legal name of applicant (corporation, LLC, partnership, or proprietor's name):

\_\_\_\_\_

Trade or assumed name(s) used in debt management services, (if different from above – see Instructions)

\_\_\_\_\_

Principal business address (do not use a P.O. Box)

\_\_\_\_\_

(Street address)

\_\_\_\_\_

(City)

(State)

(Zip code)

Phone #: \_\_\_\_\_ Website: \_\_\_\_\_

Fax # (if applicable): \_\_\_\_\_ Toll free # \_\_\_\_\_

If this address is in Colorado, does the Applicant conduct  
business with consumers through this office?

Yes

No

Location where official books and records will be kept:

\_\_\_\_\_

(Street address)

\_\_\_\_\_

(City)

(State)

(Zip code)

**Contact Information** – Provide the name, title, mailing address, phone number and email address for each of the following categories:

**Person authorized to respond to registration and renewal inquiries:**

\_\_\_\_\_

(Contact's name and title)

\_\_\_\_\_

(Contact's phone number)

(Contact's email address)

\_\_\_\_\_

(Contact's mailing address)

(City)

(State)

(Zip code)

**Person authorized to respond to consumer complaints:**

\_\_\_\_\_  
(Contact's name and title)

\_\_\_\_\_  
(Contact's phone number)

\_\_\_\_\_  
(Contact's email address)

\_\_\_\_\_  
(Contact's mailing address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip code)

Is Applicant a Non-Profit Company?

Yes

No

**Type of Company:**

\_\_\_\_ Credit Counseling Organization    \_\_\_\_ Debt Settlement Organization    \_\_\_\_ Both

**Types of activity you expect to engage in. Check all that apply:**

\_\_\_\_ Holds consumer funds

\_\_\_\_ Does not hold consumer funds and does not arrange or suggest the use of a third party designee to establish special purpose, savings or similar accounts for consumers.

\_\_\_\_ Does not hold consumer funds but does arrange or suggest the use of a third party designee to establish special purpose, savings or similar accounts for consumers.

Name of Designee: \_\_\_\_\_

**Corporations**

State of incorporation: \_\_\_\_\_ Date: \_\_\_\_\_

Please list the names of the corporation's primary officers. Attach additional pages if necessary.

President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

CEO: \_\_\_\_\_

Other: \_\_\_\_\_

**Limited Liability Companies**

State of organization: \_\_\_\_\_ Date: \_\_\_\_\_

Name of managing member: \_\_\_\_\_

Please list the names and organizational titles of other members acting in leadership roles, if any. Attach additional pages if necessary.

Member name

Title

_____	_____
_____	_____
_____	_____

### Corporations and Limited Liability Companies with Stock

**Stockholder/Member Information** - provide the names of the stockholders of the corporation or the members of the limited liability company and the percentage of each 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 the stock. Attach additional pages if necessary.

_____
_____
_____
_____

### Partnerships

State of formation: \_\_\_\_\_ Date: \_\_\_\_\_

Type of partnership:    General \_\_\_\_\_    Limited \_\_\_\_\_ (if Limited, include each partner's share)

**List Names and Shares of Partners** - general and limited. Attach additional pages if necessary.

_____
_____

### Sole Proprietors

Legal name of proprietor: \_\_\_\_\_

First date of operation: \_\_\_\_\_

Home address:

_____	_____	_____	_____
Street address	City	State	Zip code

Social security number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

(The above information is required by §§ 14-14-113 and 24-34-107, C.R.S. and may be used to revoke, suspend, or deny licenses as determined by the state child support enforcement agency for noncompliance with support orders or subpoenas/warrants relating to paternity and child support).



## QUESTIONS FOR ORGANIZATION

1. Has the Applicant 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), including a stipulation, final consent order, judgment, or administrative order, by any governmental entity, including Colorado; had an application for such a license or registration denied; or withdrawn such an application to avoid a denial or any related request?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, provide details below:

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2. Does the Applicant have any pending administrative or disciplinary action, or any outstanding consumer complaints, in any federal, state or local jurisdiction?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, provide details below:

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3. Has the Applicant ever been involved in any voluntary or involuntary bankruptcy, receivership, or insolvency proceedings, or had any unsatisfied judgments or liens against it?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, provide details below:

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4. Has the Applicant ever had a bonding company deny a bond, pay out on a bond, or revoke a bond?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, provide details below:

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## License/Registration and Debt Management History

Please list all regulatory authorities where (Attach additional pages if necessary):

- Applicant is currently licensed or registered as a Debt Management Services Provider;
- Applicant was formerly licensed or registered as a Debt Management Services Provider;
- Applicant has a pending application as a Debt Management Services Provider; and
- Applicant provides debt management services, but a license or registration is not required.

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: \_\_\_\_\_

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

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

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. Attach additional pages if necessary. **Statements made herein are made under oath. False statements may be punishable as second-degree perjury.**

\_\_\_\_\_  
Print name of individual submitting this application

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**COLORADO DEBT MANAGEMENT PROVIDER REGISTRATION  
PERSONAL AFFIDAVIT**

To be completed by each Director, Officer, person with at least 10% ownership, Agent, LLC Member or Manager and person authorized to initiate transactions to the trust account. **A separate form is required to be filed by each person and each Personal Affidavit must be submitted with original signatures.**

**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 § 5-19-209(b)(1), C.R.S.]**

Debt-Management Provider's Name (corporation, LLC, partnership, or proprietor's name).

\_\_\_\_\_  
Name and Title of person completing Personal History:

\_\_\_\_\_  
Name of Individual

\_\_\_\_\_  
Title

Home Address:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Last Four of SSN

**Ownership Information**

Ownership interest of at least 10% by a director, owner or employee of the Applicant in:

(1) Any Affiliate of the Applicant as defined in sections § 5-19-202(2), C.R.S.

(2) Any entity that provides products or services to the Applicant or any individual relating to the Applicant's debt-management services (use attached form for additional entries).

Name of affiliate or entity in which interest is owned:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip code)

\_\_\_\_\_  
Website

\_\_\_\_\_  
Percent ownership/interest

\_\_\_\_\_  
Length ownership/interest

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Product or Services Provided

Name of affiliate or entity in which interest is owned:

Address:

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

\_\_\_\_\_  
Website

\_\_\_\_\_  
Percent ownership/interest

\_\_\_\_\_  
Length ownership/interest

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Product or Services Provided

1. Have you ever been convicted of or entered a plea of guilty or nolo contendere to theft, concealing stolen goods, forgery, fraud, perjury, bribery, offenses related to a violation of any State or Federal Securities laws or similar crime, in any federal, state or local jurisdiction?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, provide details below:

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

2. Are there any pending criminal actions by any federal, state or local governmental entity charging you with having committed theft, concealing stolen goods, forgery, fraud, perjury, bribery, offenses related to a violation of any State or Federal Securities laws or similar crime?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, provide details below:

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

3. Have you ever been convicted of or entered a plea of guilty or nolo contendere to, a felony or a misdemeanor other than a traffic violation and other than violations listed in questions 1 and 2?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, provide details below:

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

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

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, provide details below:

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

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, provide details below:

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6. 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 below:

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7. If you are a Director, do you receive compensation from the Applicant?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, you must provide five years of employment history in the next section (below).

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## Employment History

Provide a complete record of employment and business associations, including all companies in which you have or had an interest as an officer, director, or voting stockholder. If you answered Yes to Question #7 (above), you must provide five years of history. Otherwise, please provide two years history. Account for all periods of time. Periods of unemployment should be indicated with dates. Include your position and a brief description of duties. Attach additional pages if necessary. A current resume containing the requested information may substitute the list.

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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title/Position

**COLORADO DEBT MANAGEMENT PROVIDER REGISTRATION  
TRUST ACCOUNT AUTHORIZATION AND CONSENT**

Applicants that hold consumers' funds for distribution to creditors or Applicants that arrange or suggest the use of a third party designee to establish special purpose, savings or similar accounts for consumers must identify and provide irrevocable consent to review all trust accounts. Attach additional pages if necessary.

Legal name of debt management provider:

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Legal name of Designee (if applicable):

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Account number(s):

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Name of bank: Bank phone #:

Bank address:

(Street address) (City) (State) (Zip code)

Person(s) with access to this account (provide names and titles of individuals):

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Applicant or Designee hereby authorizes the above-named bank to release information, at any time, concerning the above account(s) of Applicant or Designee to the Administrator of the Colorado Uniform Consumer Credit Code. The Applicant or Designee gives irrevocable consent authorizing the Administrator to review and examine trust account(s) at any time. 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 statements may be punishable as second degree perjury.**

Debt Management Provider's signature

Date

Designee's signature

Date

**COLORADO DEBT MANAGEMENT PROVIDER REGISTRATION  
SURETY BOND**

State of Colorado Administrator  
Debt Management Services  
Ralph L. Carr Colorado Judicial Center  
1300 Broadway, 6<sup>th</sup> Floor, Denver, CO 80203  
Phone - (720) 508-6020  
Email – [dm@coag.gov](mailto:dm@coag.gov)  
[www.coag.gov/dm](http://www.coag.gov/dm)

KNOW ALL PERSONS by these presents that \_\_\_\_\_  
(applicant-licensee name)

of \_\_\_\_\_  
(principal address of applicant-licensee)

as principal (hereinafter “licensee”) for the following location(s) - including principal location listed above.

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

\_\_\_\_\_ and  
\_\_\_\_\_ (hereinafter “surety”), a surety duly licensed by the Commissioner of

Insurance of the State of Colorado, as surety, of

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

(surety’s address)

are held and firmly bound unto the Attorney General of the State of Colorado acting through the ADMINISTRATOR OF THE UNIFORM CONSUMER CREDIT CODE for use of the PEOPLE OF THE STATE OF COLORADO as obligee (hereinafter “Administrator”) in the sum of fifty thousand dollars (\$50,000.00), lawful money of the United States for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns jointly, severally, and firmly by these presents. WHEREAS, registrant is applying to become or is a registered debt-management services provider pursuant to § 5-19-204, C.R.S. and seeks to establish, meet, and maintain the financial responsibility requirements of the Administrator during the term of the subject registration by tender of the within bond, NOW, THEREFORE, the conditions of this bond are such that if the registrant and its agents shall comply with all provisions of the COLORADO UNIFORM DEBT-MANAGEMENT SERVICES ACT, and the rules and regulations lawfully adopted thereunder, during the term of the debt-management registration for which this bond is applicable, and shall pay any and all final judgments and orders, with expenses, that become due or owed to the Administrator thereunder, and shall pay any and all final judgments that become lawfully due to or on behalf of any individual who has prevailed in a Debt-Management Services Act cause of action against registrant or its agents, then this obligation is null and void, but otherwise to



remain in full force and effect, PROVIDED that the surety's aggregate liability for any and all claims which may arise under this bond shall in no event exceed the amount of this bond, regardless of the number of claims or claimants, and FURTHER PROVIDED that the surety shall have the right to terminate or reduce its liability hereunder only by giving the registrant and the Administrator written notice of such termination or reduction of liability, sent by Certified U.S. Mail to the Administrator at Consumer Protection Section - UCCC, Ralph L. Carr Colorado Judicial Center, 1300 Broadway, 6th Floor, Denver, Colorado 80203 or the Administrator's most current address. Such termination or reduction of liability shall be effective from and after the expiration of 30 days from the receipt of such notice by the Administrator or on such later date as is stated in the notice; provided, however, that no liability incurred while said bond is in force and prior to said effective date of termination or reduction of liability shall be released or reduced by giving such notice, and FURTHER PROVIDED, that after giving notice of termination or reduction of liability, and prior to the effective date or such termination or reduction of liability, the surety may reinstate or increase its liability by the execution and filing of a new bond or by mailing written notice to the Administrator indicating that the surety desires to continue as surety for the registrant and that its prior notice of termination or reduction of liability is withdrawn and rescinded. FURTHER PROVIDED that, if this bond is not previously terminated as set forth above, the liability of the surety shall expire two (2) years after the registrant ceases providing debt-management services to individuals in this state. THIS BOND shall be effective on and after \_\_\_\_\_ (date) or, if left blank, the date of execution by surety shall be the effective date of the bond. The bond shall be effective, if accepted by the Administrator, without further notice.

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Name of debt management provider

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Signature

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Date

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Print name

**SURETY MUST ATTACH POWER OF ATTORNEY.**

**[SURETY SEAL]**

**PHIL WEISER**  
Attorney General  
**NATALIE HANLON LEH**  
Chief Deputy Attorney General  
**ERIC R. OLSON**  
Solicitor General  
**ERIC T. MEYER**  
Chief Operating Officer



**STATE OF COLORADO  
DEPARTMENT OF LAW**

**RALPH L. CARR**  
**COLORADO JUDICIAL CENTER**  
1300 Broadway, 6th Floor  
Denver, Colorado 80203  
Phone (720) 508-6000  
[www.coag.gov/dm](http://www.coag.gov/dm)  
**Consumer Protection Section  
Consumer Credit Unit**

**FINGERPRINTING INSTRUCTIONS AND PRIVACY ACT ACKNOWLEDGMENT**

All Applicants must provide the results of a state and national fingerprint-based criminal history records check, conducted within the immediately preceding twelve months. The fingerprint-based criminal history records check must cover (1) every Officer, (2) every Employee of the Applicant, or (3) every Employee of a third party designee who is authorized to initiate transactions to the trust account(s), as required by § 5-19-222, Colorado Revised Statutes (C.R.S.).

**IMPORTANT NOTE:** It may take eight weeks for this information to be processed. Submit your fingerprints as soon as possible.

**Fingerprinting Methods**

**In-State Applicants:** Use one of the approved vendors to administer your electronic fingerprints for Officers, Employees and/or designees pursuant to § 5-19-222., C.R.S. The vendor will collect all fees and send your fingerprint card directly to CBI.

- IdentoGo ([www.identogo.com](http://www.identogo.com)); OR
- Colorado Fingerprinting ([www.coloradofingerprinting.com](http://www.coloradofingerprinting.com))

**Out-of-State Applicants:** Use the approved vendor, IdentoGo, to administer your electronic fingerprints for Officers, Employees and/or designees, pursuant to § 5-19-222., C.R.S. Follow the steps below to submit your fingerprints:

1. Visit IdentoGo at [www.uenroll.identogo.com](http://www.uenroll.identogo.com) and enter the six-digit code, 25YQ9Z, to pre-enroll for card-scan submission.
2. All processing fees will be collected during the pre-enrollment process and a confirmation page will be provided once registration is complete.
3. Print and sign the completed pre-enrollment confirmation page, which includes the barcode printed on the top of the page.
4. Complete personal information fields on the FBI (FD-258) fingerprint card and obtain prints.
5. Mail the signed pre-enrollment confirmation page and the completed fingerprint card to:

IdentoGo  
Cardscan Department  
340 Seven Springs Way  
Brentwood, TN 37027

**Below is the required information for the fingerprinting process. Fill in the following spaces on the fingerprint card as indicated below:**

Employer and Address	Reason for Fingerprint	Your NO. OCA	ORI
Attorney General – UCCC Ralph L. Carr Colorado Judicial Center 1300 Broadway, 6 <sup>th</sup> Floor Denver, CO 80203	Debt- Management Services § 5-19-206	CONCJ0900	COCBI0000 COLO B OF I Denver, CO

**Incomplete card information will cause delays.**

## Privacy Act Statement

Authority: The Colorado Department of Law Debt Management Services program's acquisition, preservation, and exchange of fingerprints and associated information is authorized under § 5-19-206(12), C.R.S. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your agency's application.

Principal Purpose: Registration of debt management services providers may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the registering agency (Colorado Department of Law), and/or the Federal Bureau of Investigation (FBI) for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the registering agency.

Routine Uses: Routine use is limited to disclosure to the governmental agency responsible for registering debt-management services providers in the State of Colorado. An individual's personal identification information (name, address, and last four digits of the Social Security Number) is retained in a secure database and is not shared beyond the purpose of registering a Debt management services provider.

Right to Challenge Results: If you wish to challenge the results of a Colorado state criminal history records check, you can do a record challenge at Colorado Bureau of Investigation (CBI) (<https://www.colorado.gov/pacific/cbi/identity-theft-and-mis-identification>). You can also take your dispute directly to the arresting agency. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306.

**By signing below, I acknowledge that I have read the above information and understand submitting my fingerprints for a criminal background check is voluntary, however, registration may require it. Furthermore, I understand I have the right to challenge the results of the Colorado state criminal history records check through the Colorado Bureau of Investigations or the Federal Bureau of Investigations.**

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Signature

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Date

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Printed Name

**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**

- |   |          |         |
|---|----------|---------|
| 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. Have you examined applicant for state law compliance?  | Yes ____ | No ____ |
| 4. Are there any significant, unresolved examination issues?  | Yes ____ | No ____ |
| 5. Are there any significant, unresolved complaints against applicant?                                      | Yes ____ | No ____ |
| 6. Have you taken any disciplinary, administrative or legal action(s) against applicant?                    | Yes ____ | No ____ |
| 7. 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 #: \_\_\_\_\_

**COLORADO DEBT MANAGEMENT PROVIDER REGISTRATION  
BRANCH OFFICES AND OTHER LOCATIONS IN COLORADO**

Branch office address:

\_\_\_\_\_  
(Street Address) (City) (State) (Zip code)

Branch office phone #: \_\_\_\_\_ Branch office Fax # (if applicable): \_\_\_\_\_

Branch office email address: \_\_\_\_\_

Does the Applicant/Licensee provide debt management services to  
consumers through this office? Yes No

Branch office address:

\_\_\_\_\_  
(Street Address) (City) (State) (Zip code)

Branch office phone #: \_\_\_\_\_ Branch office Fax # (if applicable): \_\_\_\_\_

Branch office email address: \_\_\_\_\_

Does the Applicant/Licensee provide debt management services to  
consumers through this office? Yes No

Branch office address:

\_\_\_\_\_  
(Street Address) (City) (State) (Zip code)

Branch office phone #: \_\_\_\_\_ Branch office Fax # (if applicable): \_\_\_\_\_

Branch office email address: \_\_\_\_\_

Does the Applicant/Licensee provide debt management services to  
consumers through this office? Yes No

Branch office address:

\_\_\_\_\_  
(Street Address) (City) (State) (Zip code)

Branch office phone #: \_\_\_\_\_ Branch office Fax # (if applicable): \_\_\_\_\_

Branch office email address: \_\_\_\_\_

Does the Applicant/Licensee provide debt management services to  
consumers through this office? Yes No