

**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, 6th Floor
Denver, CO 80203
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: _____		