

**COLORADO COLLECTION AGENCY LICENSE  
PERSONAL AFFIDAVIT**

To be completed by each individual owner, member, officer, partner or sole proprietor. **A separate affidavit is to be filed by each person and each affidavit must be originally signed.**

**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:

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Name and title of person completing affidavit:

\_\_\_\_\_  
Name Title

Home Address:

\_\_\_\_\_  
Street Address City State Zip Code

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

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

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

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

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

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**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 ever been convicted of or pled guilty or nolo contendere to a felony?

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

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2. 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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3. 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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4. 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, including Colorado; 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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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, 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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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 (attach additional pages if necessary).*

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**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