

**COLORADO UNIFORM CONSUMER CREDIT CODE
LICENSE VERIFICATION FORM**

Applicant: Complete the top part of this form and mail it to all state that license you as a lender, broker, payday/deferred deposit lender or other financial services provider. Copy the form and use it as needed. You do not need to mail it to states where you are exempt from licensing/registration.

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

Colorado Department of Law
Consumer Protection Section, UCCC
Ralph L. Carr Judicial Center
1300 Broadway, 6th Floor
Denver, CO 80203
Email: uccc@coag.gov

APPLICANT SECTION

Applicant name:		Principal address:	
State & license #:	Type of license:	Original license date:	
Trade name(s) used in state where licensed:		Names of senior officers, owners, partners, managers:	

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 #: _____