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Chief Operating Officer



STATE OF COLORADO DEPARTMENT OF LAW

RALPH L. CARR COLORADO JUDICIAL CENTER 1300 Broadway, 6th Floor Denver, Colorado 80203 Phone (720) 508-6020

Consumer Protection Section Consumer Credit Unit

COLORADO COLLECTION AGENCY LICENSE COLLECTIONS MANAGER CHANGE FORM

Licensed collection agencies should use this form to report any changes to their Collections Manager. Per § 5-16-122(3), C.R.S. and Rule 1.01, a licensee must notify the Administrator within 30 days of such change. Refer to §§ 5-16-119(1)(a) and 5-16-122(2), C.R.S., for more information. The laws and rules can be found on our website:

www.coag.gov/car.				
Collection agency's legal name:		Collection agency's license #:		
Name of person to contact regarding this change:	Phone number:	Email:		
Select ONE of the following:				
New Collections Manager replaces existing approved Collections Manager on file;				
New Collections Manger is serving as	New Collections Manger is serving as a backup to existing Collections Manger on file.			
Name of New Collections Manager:				
Name of Existing (approved) Collections Ma	nager:			
Date Existing (approved) Collections Manager ceased role:				
You must mail this completed form, with the Collections Manager Form, to:				
•	Colorado Department of La			
	Consumer Credit Unit			
1300 Broadway, 6 th Floor				
Denver, CO 80203				
	car@coag.gov			
Corporations should include the signature of	of the President or other au	thorized official of the corporation. LLCs		
should include the signature of the managir	ng member. Partners must	sign individually or in accordance with the		
Partnership Agreement. Statements made h	nerein are made under oatl	n. False statement may be punishable as		

second-degree perjury.

Signature of owner, partner or officer Date

Print name & title

COLORADO COLLECTION AGENCY LICENSE COLLECTIONS MANAGER FORM

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:				
Collections manager's name:				
Home address:				
Street address		City	State	Zip code
Direct phone number:		Email address:		
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.				s of time. of duties.
Dates (MM/YY):	то			
Employer:				
Position Title:				
Duties (brief description):				
Dates (MM/YY):	то			
Employer:				
Position Title:				
Duties (brief description):				
Dates (MM/YY):	TO			

Em	ployer:		
Pos	ition Title:		
Dut	ies (brief descri	ption):	
Plea coll ent	ections manage	es or registration r, lender, mortg	ns you hold or have held as a collection agency, debt collector, solicitor, age, or other financial services provider in Colorado or any other regulatory requested information may substitute the list below. Attach additional pages if
Reg	gulatory agency	name:	
Reg	gulatory agency	address:	
Тур	e of license/reg	istration:	
Lice	ense/Registratio	n # (if one):	Date first licensed/registered:
Reg	gulatory agency	name:	
Reg	gulatory agency	address:	
Тур	e of license/reg	istration:	
Lice	ense/Registratio	n # (if one):	Date first licensed/registered:
Reg	gulatory agency	name:	
Reg	gulatory agency	address:	
1.	. Have you been approved as a collections manager by the Administrator of the Colorado Fair Debt Collection Practices Act (CFDCPA)?		
	Yes	No	If Yes, provide details of when and with which collection agency you were with when approval was granted:
2.	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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3.	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).	
4.	4. 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).	
5. Have you, or any organization during a time when you were associated with it as an owner, part if an LLC or association, officer, director, or principal employee, ever had a business license or r suspended, canceled, revoked, or subjected to any other disciplinary action (whether or not a f judgment was entered), by any governmental entity; had an application for such license or region denied; or withdrawn to avoid a denial or any related request?			er, director, or principal employee, ever had a business license or registration ed, or subjected to any other disciplinary action (whether or not a final order or ny governmental entity; had an application for such license or registration	
	Yes	No	If Yes, provide details (attach additional pages if necessary).	

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7. Have you ever been held liable in any civil fraud action in any judicial or administrate proceeding by a fixate, or local governmental entity? Yes No If Yes, provide details (attach additional pages if necessary). Approval as a collections manager is contingent upon filing a satisfactory form, meeting the minimum qualifications in § 5-16-119(1)(a), C.R.S., having none of the disqualifications in § 5-16-123(2)(a), C.R.S., a employment by a licensed collection agency. Statements made herein are made under oath. False statements may be punishable as second-degree per Print name of individual submitting this affidavit Title/position Signature Date	6.	6. Have you, or any organization during a time when you were associated with it as an owner, partner, mer if an LLC or association, officer, director, or principal employee, been involved in any voluntary or involu- bankruptcy, receivership, or insolvency proceedings, or had any unsatisfied judgments or liens against you such an organization?				untary
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Signature Date	Pr	int name of ir	ndividual subi	mitting this affidavit	Title/position	
	Sig	gnature			Date	