

**COLORADO SUPERVISED LENDER LICENSE
LICENSE VERIFICATION**

Applicant: Complete the top part of this form send it to all states you hold a license as a lender, broker, payday/deferred deposit lender, or other financial services provider. Please provide us with a copy of each form sent, so we may track receipt of the completed form(s). Do not send a form to states where you are exempt from licensure.

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

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

APPLICANT SECTION

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

STATE REGULATOR SECTION

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| 1. Is the above applicant licensed/regulated in your agency? | Yes | No |
| 2. Is the information provided by the applicant (above) accurate? | Yes | No |
| 3. Have you examined the 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 the applicant? | Yes | No |
| 6. Has this agency taken any disciplinary, administrative, or legal action(s) against the applicant? | Yes | No |
| 7. Are there any pending or contemplated disciplinary, administrative, or legal action(s) against the applicant? | Yes | No |

Name and title of person completing this form: _____

State: _____ Date: _____ Phone #: _____