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STATE OF COLORADO
DEPARTMENT OF LAW

APPLICATION FOR REPOSSESSORBOND

[Pursuant to Colorado Revised Statutes § 4-9-629]

OFFICIAL USE ONLY			
Filing Date: _____	_____	Filing fee: _____	_____
	Exp. Date: _____		
		Received: _____	_____

(Please check one) Initial Application @ \$150.00 Revised Application @ \$25.00

Name of Company (Applicant): _____

Physical Address: _____
Street City County State Zip Code

Mailing Address: _____
Street City County State Zip Code

Telephone number: (_____) _____ Email: _____

(Please check one): Sole proprietorship General partnership Limited partnership Corporation Limited Liability
 Other (Explain here) _____

1. Trade name(s) and/or physical address(es) under which Applicant transacts business if different from above:
(If more than two, attach additional sheets.)

* Trade Name: _____

* Physical Address: _____
Street City County State Zip Code

* Telephone number: (_____) _____

* Trade Name: _____

* Physical Address: _____
Street City County State Zip Code

* Telephone number: (_____) _____

2. If Applicant is an Individual, please provide the following information:

* Name: _____
* Residence Address: _____
Street City County State Zip Code
* Home Telephone #: (____) _____ - _____
* Social Security number: _____ - _____ - _____

3. If Applicant is a **Partnership**, please provide the following information concerning **Each** Partner:
(If more than three partners, attach additional sheets.)

* Name _____
* Residence Address: _____
Street City County State Zip Code
* Home Telephone #: (____) _____ - _____ Social Security Number _____ - _____ - _____

* Name _____
* Residence Address: _____
Street City County State Zip Code
* Home Telephone #: (____) _____ - _____ Social Security Number _____ - _____ - _____

* Name _____
* Residence Address: _____
Street City County State Zip Code
* Home Telephone #: (____) _____ - _____ Social Security Number _____ - _____ - _____

*Attach a copy of current **partnership agreement** or, if applicant is a limited partnership, attach a copy of recorded certificate of existence or a certified copy of limited partnership.*

4. If applicant is a **Corporation**, please provide the following information:

a) Corporation organized under the laws of the State of _____
b) Date of incorporation: _____
c) Present business conducted at the following location: _____
d) Name of Registered Agent: _____ Street City State Zip Code
e) Address of Registered Agent: _____
Street City County State Zip Code

f) Residence Addresses of Officers:
President: _____
Street City County State Zip Code
Vice President: _____
Street City County State Zip Code
Secretary: _____
Street City County State Zip Code
Treasurer: _____
Street City County State Zip Code

*Attach a copy of **Certificate of Good Standing** (Colorado Corporation) or **Certificate of Authority** (Foreign Corporation).*

5. (***To be completed by all Applicants***) Please provide the following information on your Manager(s):
(If more than two, attach additional sheets.)

* Name _____ Social Security Number _____ - ____ - _____

* Residence Address: _____
Street City County State Zip Code

* Name _____ Social Security Number _____ - ____ - _____

* Residence Address: _____
Street City County State Zip Code

6. Please provide the following information regarding the Surety company which issued Applicant's Repossessor Bond:

* Name _____

* Address: _____
Street City County State Zip Code

* Telephone number: (_____) _____ - _____ Colorado Insurance Division License No. _____

7. Is Surety authorized to transact business in Colorado? _____ Yes _____ No

8. Has Applicant been involved in any litigation in the past five (5) years with respect to its business, or is any such litigation pending against Applicant? _____ Yes _____ No

If yes, please specify: (Attach more sheets if necessary.) _____

I hereby affirm that the information contained herein is true and accurate to the best of my knowledge and belief. By submitting this Application, I further state and affirm that I am aware that various state and local laws exist concerning the activities of Repossessors in Colorado and that copies of the same are available at my place of business.

(Signature of Individual Owner, Partner, or Officer)

Title

Signed and acknowledged before me this _____ day of _____, 20 _____.

Notary Public

My Commission Expires:

Mail completed Application (original signatures required) and:

1. Filing Fee (Initial: \$150.00; Revised: \$25.00);
2. Original Repossessor Bond Form (completed by Surety); original, notarized signatures required;
3. Colorado Certificate of Good Standing (obtained through the Colorado Secretary of State Office).

Colorado Department of Law
Consumer Protection Section
Ralph L. Carr Colorado Judicial Center
1300 Broadway, 7th Floor
Denver, CO 80203

Checks should be made payable to: Colorado Department of Law