COLORADO DEPARTMENT OF LAW CONSUMER CREDIT UNIT PRIVATE EDUCATION CREDITOR APPLICATION

Please use the applicable Application Information and Checklist document in conjunction with completing this application (please note – there is a separate Checklist for private education creditors with public or private nonprofit postsecondary educational institution status).

Use the fillable fields to complete this application. Please submit all required information to avoid delays. The Checklist documents are available on the <u>Private Education Creditor Registration website</u>.

Check this box if the private education creditor is a public or private nonprofit postsecondary educational institution. Please note, you must also provide proof of this status.

Account Information

Legal name of applicant (corporation, limited liability company, partnership, or individual person's name):

Trade names used (if different from above – see the Instructions):

Physical address of principal place of business - street address, city, state, and zip code:

Mailing address (if different from above) - street address, city, state, and zip code:

Phone number:

Website (if applicable):

Business Structure Information

Type of Business/Legal Structure:

Information required for Sole Proprietors/Individual Filers Only

If legal structure is a corporation, limited liability company, or partnership, skip to <u>next section.</u>

This information is required by §§ 14-14-113 and 24-31-107, C.R.S. and may be used to revoke, suspend, or deny licenses or notifications as determined by the state child support enforcement

agency for noncompliance with support orders or subpoenas/warrants relating to paternity and child support (not open to public).

Legal name of proprietor:

First date of operation:

Sole Proprietor's Home address - street address, city, state, and zip code:

Sole proprietor's SSN:

Sole proprietor's date of birth:

Primary Contact Information for Important Business Matters

Provide the name, mailing address, phone number, and email address for each of the following categories of correspondence. Please provide a unique email address for each person.

Email is our primary method of communication. If this contact information is not up to date, you may miss important emails from us regarding important business matters. If you are using a third-party for any categories listed below, please ensure they are authorized to be the contact for future matters or update the contact information as needed.

Contact Person for Licensing/Renewals Compliance

Contact's name, title, and department:

Contact's mailing address - street address, city, state, and zip code:

Contact's Phone Number:

Contact's Email:

Contact Person for Examinations Compliance

Contact's name, title, and department:

Contact's mailing address - street address, city, state, and zip code:

Contact's Phone Number:

Contact's Email: _____

Contact Person for Consumer Complaints

Contact's name, title, and department:

Contact's mailing address - street address, city, state, and zip code:

Contact's Phone Number: _____

Contact's Email: ______