

# **Colorado Debt Management Services Provider Registration License/Registration Verification Form**

## **Debt-Management Applicant Instructions**

Download this document. Use the fillable fields to complete Section 1 of this Verification form and save to your computer. Send both pages of the form to any state where you hold a license or registration as a debt-management services provider. Please provide us with a copy of each form you sent, so we may track receipt of the completed forms.

Please attach additional pages, as needed, to provide further information regarding any of the information (above).

## **State Regulator Instructions**

Complete Section 2 of this Verification form and send to our office:

Colorado Department of Law  
Consumer Credit Unit  
Ralph L. Carr Colorado Judicial Center  
1300 Broadway, 9th Floor  
Denver, Colorado 80203

-or-

[dm@coag.gov](mailto:dm@coag.gov)

## **Section 1 for Debt-Management Applicant**

State Licensed:

Type of License:

Licensee Name (name of company or person licensed):

DBA Names:

License Number:

Original Issue Date:

## Section 2 for State Regulator

1. Is the company or person in Section 1 licensed/regulated by your agency?

Yes    No

2. Is the information provided accurate?

Yes    No

3. Have you examined the company or person for compliance of state laws?

Yes    No

4. Are there any significant, unresolved examination issues?

Yes    No

5. Are there any significant, unresolved complaints against applicant?

Yes    No

6. Has this agency taken any disciplinary, administrative, or legal action(s) against the company or person?

Yes    No

7. Are there any pending or contemplated disciplinary, administrative, or legal action(s) against the company or person?

Yes    No

State and Agency:

Name and Title of person completing form:

Phone Number: