

COLORADO DEPARTMENT OF LAW

DEBT MANAGEMENT SERVICES PROVIDER APPLICATION & INSTRUCTIONS

***The Department of Law Consumer Credit Unit is committed to ensuring that its materials and documents are accessible to all. Should you need any assistance in order to fully access and use the materials and documents published or sent by the Consumer Credit Unit, please contact us at DM@coag.gov to request an accommodation.**

Debt-Management Services Providers may not provide debt-management services to individuals residing in Colorado, unless the provider is registered in accordance with the Colorado Debt-Management Services Act (“CDMSA”). This includes, but is not limited to, Consumer Credit Counseling agencies, Debt Settlement agencies, telemarketing or marketing companies advertising as Credit Counseling or Debt Settlement agencies.

How to Apply for a Debt Management Notification

- Start by downloading and saving this Debt Management Registration application. All Debt Management Registration forms are available on the [Debt Management Registration webpage](#)
- Use the fillable fields to type your answers in. You may use the tab key to navigate to the next field. Please ensure the application is signed and saved
- You may email your completed application to DM@coag.gov -or-
- Print and mail your completed application packet to:

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

Fee Information

The application fees are based on the type of Debt Management activity that your company provides:

- Credit Counseling - **\$1,500**
- Debt Settlement - **\$5,000**
- Both Credit Counseling and Debt Settlement - **\$5,000**

The application fee is due with the submission of your application.

- You may pay online (by credit card or electronic check) via the [Payment Portal](#).
 - There is a fee associated with paying online.
 - **When entering your payment information into the Payment Portal, please enter 0 as your case number.** Your actual case number will be provided once the application has been received.

- You may also pay by check. Checks should be made payable to “Colorado Department of Law” and sent to the mailing address above

COLORADO DEBT MANAGEMENT SERVICES PROVIDER IMPORTANT LEGAL INFORMATION

Obligation to Update Information

Pursuant to section 5-19-207, C.R.S., an applicant or registered provider must notify the administrator within fifteen days after a change in the information specified in sections 5-19-205 (b)(5) or sections 5-19-206 (1), (3), (6), (10), or (11).

Prerequisites for Providing debt-management services

Pursuant to section 5-19-217(a), C.R.S., there are certain requirements providers must meet before providing or contracting to provide debt-management services. See section 5-19-217, C.R.S. for more details.

Electronic Communications

Pursuant to section 5-19-217(b), C.R.S., a provider may satisfy the requirements of sections 5-19-217, 5-19-219, or 5-19-227 by means of the internet or other electronic means if the provider obtains a consumer's consent in the manner provided by section 101 (c) (1) of the federal act.

Form and Contents of Agreements

Pursuant to section 5-19-219(a)(1), C.R.S., an agreement shall be in a record and contain specific information. See section 5-19-219, C.R.S. for more details.

Cancellation of Agreements

Pursuant to section 5-19-220, C.R.S., an individual may cancel an agreement after assenting to it. See section 5-19-220, C.R.S. for more details.

Fees and Other Charges

Pursuant to section 5-19-223(a) and (b), C.R.S., a provider may not impose directly or indirectly a fee or other charge on an individual or receive money from or on behalf of an individual for debt-management services until the provider and the individual have signed an agreement that complies with sections 5-19-219 and 5-19-228, C.R.S. See section 5-19-223, C.R.S. for more details.

Voluntary Contributions

Pursuant to section 5-19-224, C.R.S., a provider may not solicit a voluntary contribution from an individual or an affiliate of the individual for any service provided to the individual and there are limits on when and how much a provider may accept. See section 5-19-224, C.R.S. for more details.

Voidable Agreements

Pursuant to section 5-19-225, C.R.S., an individual may void the agreement and recover money, as provided in section 5-19-235, in certain cases. See section 5-19-225, C.R.S. for more details.

Termination of an Agreement

Pursuant to section 5-19-226(a) and (b), C.R.S., if an individual who has entered into an agreement fails for sixty days to make payments required by the agreement, a provider may terminate the agreement, however, the provider shall immediately return to the individual any money of the individual held in trust for the benefit of the individual.

Advertising

Pursuant to section 5-19-230, C.R.S., a provider that advertises debt-management services shall disclose, in an easily comprehensible manner, the information specified in section 5-19-217 (d)(3) and (d)(4).

The Colorado Debt-Management Services Act and Related Laws and 4 CCR 902-1 Rules can be found on the [Colorado Debt Management Webpage](#)

COLORADO DEBT MANAGEMENT SERVICES PROVIDER APPLICATION CHECKLIST

Debt-Management Services Providers may not provide debt-management services to individuals residing in Colorado until registered. A provider may only use the name(s) appearing on the debt-management registration. Your application should therefore include all legal and trade names used in the lending business.

Those seeking a debt-management services provider registration must submit:

Completed Application with Licensing Fee

Complete and originally sign this application and send it with the licensing fee that applies to the type of services your company provides. If we notify you that the application is incomplete, you will have 45 days to complete the application.

Personal Affidavit

You must provide a Personal Affidavit (form enclosed) for each individual director, officer, Agent, anyone with at least 10% ownership and anyone authorized to initiate transactions to the trust account. Please ensure each Affidavit is complete and originally signed.

Criminal History Record Check

At the Applicant's expense, a state and national fingerprint-based criminal history records check must be conducted through the Colorado Bureau of Investigations (CBI) within the immediately preceding twelve months. This criminal history record check includes: (1) every Officer and (2) every Employee of the Applicant or every Employee of a third-party designee who is authorized to initiate transactions to the trust account. See section 5-19-222, C.R.S. Refer to the Fingerprint/Background Check Instructions (enclosed). Please attach a statement with your application that fingerprints have been submitted to CBI

Financial Responsibility

You must submit proof of financial responsibility in the form of a surety bond (form enclosed) or Letter of Credit and provide evidence of the bonding, surety or insurance company rating.

Provide one form of financial responsibility in the amount of fifty thousand dollars (\$50,000.00). The form of financial responsibility must be in effect during the period of registration and for two years after the provider ceases providing debt-management services to Colorado consumers. Acceptable forms of financial responsibility are an original:

- **Surety Bond** (form attached). The Surety Bond must be issued by a bonding, surety, or insurance company authorized to do business in Colorado and rated at least "A" by a nationally recognized rating organization. Provide evidence of the bonding, surety or insurance company rating.; or
- **Letter of Credit**. The Letter of Credit must be irrevocable with no conditions; issued by a state or national bank, or saving and loan doing business in Colorado; state the dollar amount; name the UCCC Administrator as beneficiary

in favor of the People of the State of Colorado; and be payable upon presentation of a certificate stating that the provider has not complied with part 2 of the Colorado Uniform Debt-Management Services Act.

Educational Programs Provided by the Applicant

Provide a description of the three most commonly used educational programs that the Applicant provides, or intends to provide, to consumers in Colorado and a copy of any materials used in those programs. The description is confidential commercial data under section 24-72-204 (3)(a)(IV), C.R.S.

Financial Analysis of Consumers

Provide a description, including form(s) or electronic model(s), of the Applicant's financial analysis and initial plan used to evaluate the financial condition of consumers.

Forms and Agreements

Provide copies of all agreements to be used with Colorado consumers, including those of the Applicant and any third-party designee.

Branch Office List (if applicable)

List all branch locations on the Branch Office list (enclosed). A list containing the same information may be substituted.

Proof of Non-Profit Status (if applicable)

Non-profit applicants must provide the following:

- Evidence of non-profit and tax-exempt status applicable to the Applicant under the Federal Internal Revenue Code, 26 U.S.C., section. 501;
- The amount of compensation of the Applicant's five most highly compensated employees for each of the three years immediately preceding the application, or for the period of existence if less than three years; and
- Evidence that the Applicant's Board of Directors is independent of the Applicant's employees and agents. See section 5-19-209(d)(1) & (2), C.R.S.

Affiliates (if applicable)

All Applicants must disclose the identity of each Director who is an affiliate of the Applicant, as defined in section 5-19-202(2), C.R.S.

Registration Verification(s)

Applicants must list all registrations they hold or have held in other states as well as provide Verification of each registration. Complete the top of the Registration Verification Form (enclosed) and mail to all regulatory agencies where you are registered. Attach copies of all verification forms you mailed so we may track receipt of these forms.

- The Administrator may accept the license and/or registration of another state agency. If an Applicant holds a license or registration in another state authorizing it to provide debt-management services, it may and mail to all regulatory agencies where you are registered. Attach copies of all verification forms you mailed so we may track receipt of these forms.

- The Administrator may accept the license and/or registration of another state agency. If an Applicant holds a license or registration in another state authorizing it to provide debt-management services, it may submit a copy of that license or registration certificate and that application, if the application contains information substantially similar to or more comprehensive than the information required by this application; and the Applicant, under oath or certified under the penalties of perjury, certified that the information contained in that application is current, or to the extent it is not current, supplements that application to make the information current. The applicant must also provide all attachments required by sections 5-19-205 and 5-19-206, C.R.S.

Trade/DBA Name Affidavit (if applicable)

If the Applicant uses a trade name, attach a copy of the properly filed trade name affidavit, showing the trade/assumed name, from the Colorado Secretary of State. Contact the Colorado Secretary of State at (303) 894-2200 or go to the [Colorado Secretary of State website](#), for more information.

Organization Documentation

You must submit proof of the trade/DBA name approval filed with the Colorado Secretary of State or *another jurisdiction. Providers who are not required to file with the Colorado Secretary of State may substitute similar certificates/trade name approval from the state in which the office is located.

- **For Corporations:** Attach a copy of the Articles of Incorporation, Certificate of Authority or Good Standing, or Statement of Foreign Entity Authority from the Colorado Secretary of State, or application therefore containing the filing date and account number. Contact the Colorado Secretary of State at (303) 894-2200 or go to the [Colorado Secretary of State website](#), for more information.
- **For Limited Liability Companies:** Attach a copy of the Certificate of Organization, Certificate of Authority or Good Standing, or Statement of Foreign Entity Authority from the Colorado Secretary of State. Contact the Colorado Secretary of State at (303) 894-2200 or go to the [Colorado Secretary of State website](#), for more information.
- **For Partnerships:** Attach a copy of the Partnership Agreement. A limited partnership must also submit a copy of the recorded certificate filed with the Colorado Secretary of State, as required by section 7-61-103,

C.R.S. Contact the Colorado Secretary of State at (303) 894-2200 or go to the [Colorado Secretary of State webpage](#), for more information.

The fee is due upon submission of your application

The application fees are based on the type of Debt Management activity that your company provides:

- Credit Counseling - **\$1,500**
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Colorado Department of Law
Consumer Credit Unit – Debt Management
Ralph L. Carr Colorado Judicial Center
1300 Broadway, 9th Floor
Denver, CO 80203

COLORADO DEPARTMENT OF LAW
DEBT-MANAGEMENT SERVICES PROVIDER REGISTRATION
ORGANIZATION INFORMATION

Legal Name of Applicant (corporation, LLC, partnership, or proprietor's Name):

Trade or Assumed Name(s) used in debt management services, (if different from above – see instructions):

Principal Business Address (do not use a P.O. Box. Street, City, State, Zip Code):

Phone Number:

Fax Number (if applicable):

Website:

Toll Free Number:

If this address is in Colorado, does the Applicant conduct business with consumers through this office?

Yes

No

Location where official books and records will be kept: (Street Address, City, State, Zip Code):

Contact Information

Provide the name, title, mailing address, phone number and email address for each of the following categories:

Person authorized to respond to registration and renewal inquiries

Contact's Name, Title

Contact's Mailing Address (Include Street Address, City, State, Zip Code):

Phone Number:

Email Address:

Person authorized to respond to consumer complaints

Contact's Name, Title:

Contact's Mailing Address (Include Street Address, City, State, Zip Code):

Phone Number:

Email Address:

Is the Applicant a Non-Profit Company? Yes No

Type of Company

Credit Counseling Organization Debt Settlement Organization Both

Types of activity you expect to engage in. Check all that apply.

Holds consumer funds

Does not hold consumer funds and does not arrange or suggest the use of a third-party designee to establish special purpose, savings or similar accounts for consumers.

Does not hold consumer funds but does arrange or suggest the use of a third-party designee to establish special purpose, savings or similar accounts for consumers.

Name of Designee:

Corporation

State of incorporation:

Date of Incorporation or Formation:

Please list the names of the corporation's primary officers. Attach additional pages if necessary.

President:

Secretary:

Treasurer:

CEO:

Other Principal Employees and Directors:

Limited Liability Company

State of incorporation:

Date of Incorporation or Formation:

Name of Managing Member:

Please list the names and organizational titles of other members acting in leadership roles, if any. Attach additional pages if necessary.

Corporation/Limited Liability Company with Stock

Stockholder/Member Information - provide the names of the stockholders of the corporation or the members of the limited liability company and the percentage of each stockholder's or member's ownership interest.

For corporations - if publicly traded, list all entities holding 10% or more of the stock. If privately held, the number of shares must equal 100% of the stock. Attach additional pages if necessary.

Partnership

State of formation:

Date of Formation:

Type of Partnership:

Limited Partnership

General Partnership

List names of partners – general and limited. If Limited, include each partner's share Attach additional pages if necessary.

Sole Proprietor

Legal Name of Proprietor:

First Date of Operation:

Home Address (Include Street Address, City, State, Zip Code):

Social Security Number:

Date of Birth:

(The above information is required by sections 14-14-113 and 24-34-107, C.R.S. and may be used to revoke, suspend, or deny licenses as determined by the state child support enforcement agency for noncompliance with support orders or subpoenas/warrants relating to paternity and child support).

Questions for Organization

1. Has the Applicant ever had a business license or registration suspended, canceled, revoked or subjected to any other disciplinary action (whether or not a final order or judgment was entered), including a stipulation, final consent order, judgment, or administrative order, by any governmental entity, including Colorado; had an application for such a license or registration denied; or withdrawn such an application to avoid a denial or any related request?

If yes, please provide an explanation below. If no, please write N/A.

2. Does the Applicant have any pending administrative or disciplinary action, or any outstanding consumer complaints, in any federal, state or local jurisdiction?

If yes, please provide an explanation below. If no, please write N/A.

3. Has the Applicant ever been involved in any voluntary or involuntary bankruptcy, receivership, or insolvency proceedings, or had any unsatisfied judgments or liens against it?

If yes, please provide an explanation below. If no, please write N/A.

4. Has the Applicant ever had a bonding company deny a bond, pay out on a bond, or revoke a bond?

If yes, please provide an explanation below. If no, please write N/A.

License/Registration and Debt Management History

Please list all regulatory authorities where (Attach additional pages if necessary):

- Applicant is currently licensed or registered as a Debt Management Services Provider;
- Applicant was formerly licensed or registered as a Debt Management Services Provider;
- Applicant has a pending application as a Debt Management Services Provider; and
- Applicant provides debt management services, but a license or registration is not required.

Regulatory Agency Name:

Regulatory Agency Address:

Type of License/Registration:

License/Registration #:

Date First Issued:

Regulatory Agency Name:

Regulatory Agency Address:

Type of License/Registration:

License/Registration #:

Date First Issued:

Regulatory Agency Name:

Regulatory Agency Address:

Type of License/Registration:

License/Registration #:

Date First Issued:

Corporations should include the signature of the President or other authorized official of the corporation. LLCs should include the signature of the managing member. Partners must sign individually or in accordance with the Partnership Agreement. Attach additional pages if necessary. **Statements made herein are made under oath. False statements may be punishable as second-degree perjury.**

Signature:

Date:

Printed Name and Title/Position:

COLORADO DEPARTMENT OF LAW
DEBT-MANAGEMENT SERVICES PROVIDER REGISTRATION
PERSONAL AFFIDAVIT

If the application is for a renewal, please provide your current registration number (e.g., DM-000000).

Registration Number:

To be completed by each Director, Officer, person with at least 10% ownership, Agent, LLC Member or Manager and person authorized to initiate transactions to the trust account.

A separate form is required to be filed by each person, and each Personal Affidavit must be submitted with original signatures.

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 section 5-19-209(b)(1), C.R.S.]

Debt-Management Provider's Name (corporation, LLC, partnership, or proprietor's name):

Name of person completing this Personal Affidavit:

Person's Title:

Person's Home Address (Street Address, City, State, and Zip Code):

Date of Birth:

Last Four Digits of SSN:

Ownership Information

Ownership interest of at least 10% by a director, owner or employee of the Applicant in:

- (1) Any Affiliate of the Applicant as defined in sections section 5-19-202(2), C.R.S.
- (2) Any entity that provides products or services to the Applicant or any individual relating to the Applicant's debt- management services (use attached form for additional entries).

Applicant or Designee hereby authorizes the above-named bank to release information, at any time, concerning the above account(s) of Applicant or Designee to the Administrator of the Colorado Uniform Consumer Credit Code. The Applicant or Designee gives irrevocable consent authorizing the Administrator to review and examine trust account(s) at any time. Corporations should include the signature of the President or other authorized official of the corporation. LLCs should include the signature of the managing member. Partners must sign individually or in accordance with the Partnership Agreement.

Name of affiliate or entity in which interest is owned:

Address of affiliate or entity (Street Address, City, State, and Zip Code):

Website:

Percent Ownership/Interest:

Length Ownership/Interest:

Relationship:

Product or Services Provided:

Name of affiliate or entity in which interest is owned:

Address of affiliate or entity (Street Address, City, State, and Zip Code):

Website:

Percent Ownership/Interest:

Length Ownership/Interest:

Relationship:

Product or Services Provided:

Questions for Individual

Have you ever been convicted of or entered a plea of guilty or nolo contendere to theft, concealing stolen goods, forgery, fraud, perjury, bribery, offenses related to a violation of any State or Federal Securities laws or similar crime, in any federal, state, or local jurisdiction?

If yes, please provide an explanation below. If no, please write N/A.

Are there any pending criminal actions in any federal, state, or local jurisdiction charging you with having committed theft, concealing stolen goods, forgery, fraud, perjury, bribery, offenses related to a violation of any State or Federal Securities laws or similar crimes?

If yes, please provide an explanation below. If no, please write N/A.

Have you ever been convicted of or entered a plea of guilty or nolo contendere to a felony or a misdemeanor other than a traffic violation and other than violations listed in 1 and 2?

If yes, please provide an explanation below. If no, please write N/A.

Have you or any organization during a time when you were associated with it as owner, partner, member of a LLC or association, officer, director, or principal employee ever had a business license or registration suspended, canceled, revoked, or subjected to any disciplinary action (whether or not a final order or judgment was entered) including a stipulation, final consent order, judgment, or administrative order by any governmental entity, including Colorado; had an application for such license or registration denied; or withdrawn such an application to avoid a denial or any related request?

If yes, please provide an explanation below. If no, please write N/A.

Have you, or any organization during a time when you were associated with it as owner, partner, member of a LLC or association, officer, director, or principal employee been involved in any voluntary or involuntary bankruptcy, receivership, or insolvency proceedings, or had any unsatisfied judgment or liens against you or such an organization?

If yes, please provide an explanation below. If no, please write N/A.

Have you ever been held liable in any civil fraud action in any judicial or administrative proceeding by a federal, state, or local governmental entity?

If yes, please provide an explanation below. If no, please write N/A.

If you are a director, do you receive compensation from the Applicant/Registrant?

If yes, please provide an explanation below. If no, please write N/A.

Employment History

Provide a complete record of employment and business associations, including all companies in which you have or had an interest as an officer, director, or voting stockholder. If you answered Yes to Question #7 (above), you must provide five years of history. Otherwise, please provide two years history. Account for all periods of time.

Periods of unemployment should be indicated with dates. Include your position and a brief description of duties. Attach additional pages if necessary. A current resume containing the requested information may substitute the list.

Dates of Employment (MM/YY to MM/YY):

Employer:

Position/Title:

Duties:

Dates of Employment (MM/YY to MM/YY):

Employer:

Position/Title:

Duties:

Dates of Employment (MM/YY to MM/YY):

Employer:

Position/Title:

Duties:

Dates of Employment (MM/YY to MM/YY):

Employer:

Position/Title:

Duties:

Dates of Employment (MM/YY to MM/YY):

Employer:

Position/Title:

Duties:

Statements made herein are under oath. False statements may be punishable as second-degree perjury.

Signature of Authorized Person

Date

Designee's Signature

Date

COLORADO DEPARTMENT OF LAW
DEBT-MANAGEMENT SERVICES PROVIDER REGISTRATION
TRUST ACCOUNT AUTHORIZATION

If the application is for a renewal, please provide your current registration number (e.g. DM-000000).

Debt- Management Registration Number:

Legal Name of Debt Management Provider:

Registration Number:

Bank Name:

Bank Address (Street Address, City, State, and Zip Code):

Bank Phone Number:

Designee Name (if applicable):

Account Number:

Persons with access to this account (provide names and titles). Attach additional pages if needed:

Applicant or Designee hereby authorizes the above-named bank to release information, at any time, concerning the above account(s) of Applicant or Designee to the Administrator of the Colorado Uniform Consumer Credit Code. The Applicant or Designee gives irrevocable consent authorizing the Administrator to review and examine trust account(s) at any time. Corporations should include the signature of the President or other authorized official of the corporation. LLCs should include the signature of the managing member. Partners must sign individually or in accordance with the Partnership Agreement.

Statements made herein are under oath. False statements may be punishable as second-degree perjury.

Signature of Authorized Person

Date

Designee's Signature

COLORADO DEPARTMENT OF LAW
DEBT MANAGEMENT SERVICES PROVIDER REGISTRATION
SURETY BOND

If the application is for a renewal, please provide your current registration number (e.g., DM-000000).

Registration Number:

Debt-Management financial responsibility requirements are laid out in section 5-19-213 of the Debt-Management Services Act. The laws and rules are available on the [DM Licensing webpage](#).

Download this document; use the fillable fields (below) to provide the required information and save to your computer. If providing electronically, please do so via a method that is encrypted. Otherwise, you may send to:

Administrator, Debt-Management Services Act
Colorado Department of Law
Ralph L. Carr Colorado Judicial Center
1300 Broadway, 9th Floor
Denver, CO 80203

KNOW ALL PERSONS by these presents that (Applicant/licensee legal name):

Of (Principal Address):

As principal (hereinafter "licensee") for the following location(s) – including principal location listed above:

And (hereinafter "surety"), a surety duly licensed by the Commissioner of Insurance of the State of Colorado, as surety of

Surety's Name:

Surety's Address (Street Address, City, State, and Zip Code):

Are held and firmly bounded unto the Attorney General of the State of Colorado acting through the **Administrator of the Uniform Consumer Credit Code** for the use of the **People of the State of Colorado** as obligee (hereinafter "UCCC Administrator") in the sum of fifty thousand dollars (\$50,000.00), lawful money of the United State for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns jointly, severely, and firmly by these presents.

WHEREAS, the registrant is applying to become or is a registered debt-management services provider pursuant to section 5-19-204, C.R.S. and seeks to establish, meet, and maintain the financial responsibility requirements of the Administrator during the term of the subject registration by tender of the within bond, NOW, THEREFORE, the conditions of this bond are such that if the registrant and its agents shall comply with all provisions of the Colorado Debt-Management Services Act, and the rules and regulations lawfully adopted thereunder, during the term of the debt-management registration for which this and is applicable, and shall pay any and all final judgments and orders, with expenses, that become due or owed to the Administrator thereunder, and shall pay any and all final judgments that become lawfully due to or on behalf of any individual who has prevailed in a Debt-Management Services Act cause of action against registrant or its agents, than this obligation is null and void, but otherwise to remain in full force and effect, PROVIDED that the surety shall have the right to terminate or reduce its liability hereunder only by giving the registrant and the Administrator written notice of such termination or reduction of liability, sent by Certified U.S. Mail to the UCCC Administrator, Consumer Protection Section, Ralph L. Carr Colorado Judicial Center, 1300 Broadway, 9th Floor, Denver, Colorado 80203 or the UCCC Administrator's most current address.

Such termination or reduction of liability shall be effective from and after the expiration of 30 days from the receipt of such notice by the Administrator or on such later date as is stated in the notice; provided, however, that no liability incurred while said bond is in force and prior to said effective date of termination or reduction of liability shall be released or reduced by giving such notice, and FURTHER PROVIDED, that after giving notice of termination or reduction of liability, and prior to the effective date or such termination or reduction of liability, the surety may reinstate or increase its liability by the execution and filing of a new bond or by mailing written notice to the Administrator indicating that the surety desires to continue as surety for the registrant and that its prior notice of termination or reduction of liability is withdrawn and rescinded.

FURTHER PROVIDED that, if this bond is not previously terminated as set forth above, the liability of the surety shall expire two (2) years after the registrant ceases providing debt-management services to individuals in this state. THIS BOND shall be effective on and after (date) or, if left blank, the date of execution by surety shall be the effective

date of the bond. The bond shall be effective, if accepted by the Administrator, without further notice.

Name of Debt Management Provider:

Signature of Authorized Person

Date

Printed Name

SURETY MUST ATTACH POWER OF ATTORNEY

Signature of Authorized Person

Date

[SURETY SEAL]

COLORADO DEPARTMENT OF LAW
DEBT-MANAGEMENT SERVICES PROVIDER REGISTRATION
LICENSE 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

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:

COLORADO DEPARTMENT OF LAW
DEBT- MANAGEMENT PROVIDER REGISTRATION
BRANCH OFFICES AND OTHER LOCATIONS IN COLORADO

Branch Office Address (Street Address, City, State, and Zip Code):

Branch Office Phone Number:

Branch Office Fax Number:

Branch Office Email Address:

Does the Applicant/Licensee provide debt management services to consumers through this office?

Yes

No

Branch Office Address (Street Address, City, State, and Zip Code):

Branch Office Phone Number:

Branch Office Fax Number:

Branch Office Email Address:

Does the Applicant/Licensee provide debt management services to consumers through this office?

Yes

No

Branch Office Address (Street Address, City, State, and Zip Code):

Branch Office Phone Number:

Branch Office Fax Number:

Branch Office Email Address:

Does the Applicant/Licensee provide debt management services to consumers through this office?

Yes

No

Branch Office Address (Street Address, City, State, and Zip Code):

Branch Office Phone Number:

Branch Office Fax Number:

Branch Office Email Address:

Does the Applicant/Licensee provide debt management services to consumers through this office?

Yes

No

COLORADO DEPARTMENT OF LAW

DEBT-MANAGEMENT SERVICES PROVIDER REGISTRATION

FINGERPRINTING INSTRUCTIONS & PRIVACY ACT ACKNOWLEDGEMENT

All Applicants must provide the results of a state and national fingerprint-based criminal history records check, conducted within the immediately preceding twelve months. The fingerprint-based criminal history records check must cover (1) every Officer, (2) every Employee of the Applicant, or (3) every Employee of a third-party designee who is authorized to initiate transactions to the trust accounts, as required by section 5-19-222, C.R.S.

Follow the instructions below in submitting your fingerprints for the criminal history records check. Please review, sign, and return the Privacy Acknowledgement (on the next page) to our office.

Please note that it may take up to eight weeks for this information to be processed. Please submit your fingerprints as soon as possible.

Fingerprinting Method

In-State Applicants

Use one of the approved vendors to administer your electronic fingerprints. The vendor will collect all fees and send your fingerprints directly to Colorado Bureau of Investigations (CBI). Use the links listed below to visit each vendor's website for more information.

- [IdentoGo](#)
- [Colorado Fingerprinting](#)

Out-of-State Applicants

You must use the approved vendor, IdentoGo, to administer your electronic fingerprints. Follow the steps below to submit your fingerprints:

1. Visit the [IdentoGo](#) website and enter the six-digit code **25YQ9Z** to pre-enroll for card-scan submission.
2. All processing fees will be collected during the pre-enrollment process and a confirmation page will be provided once registration is complete.
3. Print and sign the completed pre-enrollment confirmation page, which includes the barcode printed on the top of the page.
4. Complete personal information fields on the FBI (FD-258) fingerprint card and obtain prints.
5. Mail the signed pre-enrollment confirmation page and the completed fingerprint card to:

Identgo
Cardscan Department
340 Seven Springs Way
Brentwood, TN. 37027

Below is the required information for the fingerprinting process. Fill in the following spaces on the fingerprint card with the information below. Incomplete card information will cause delays.

Employer and Address: Attorney General – UCCC Ralph L. Carr Colorado Judicial Center 1300 Broadway, 9th Floor Denver, CO 80203

Reason for Fingerprint: CORS 5-19-206 ASSISTANT ATTORNEY GENERAL/DEBT MANAGEMENT SERVICES

Your NO. OCA: CONCJ0900

PRIVACY ACKNOWLEDGEMENT

Please review, sign, and return this Privacy Acknowledgement to our office.

Privacy Act Statement

Authority

The Colorado Department of Law Debt Management Services program's acquisition, preservation, and exchange of fingerprints and associated information is authorized under section 5-19-206(12), C.R.S. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your agency's application.

Principal Uses

Registration of debt management services providers may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the registering agency (Colorado Department of Law), and/or the Federal Bureau of Investigation (FBI) for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the registering agency.

Routine Uses

Routine use is limited to disclosure to the governmental agency responsible for registering debt-management services providers in the State of Colorado. An individual's personal identification information (name, address, and last four digits of the Social Security Number) is retained in a secure database and is not shared beyond the purpose of registering a Debt management services provider.

Right to Challenge Results

If you wish to challenge the results of a Colorado state criminal history records check, you can do a record challenge at Colorado Bureau of Investigation (CBI), visit the [CBI – Identity Theft and Misidentification webpage](#). You can also take your dispute directly to the arresting agency. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306.

By signing below, I acknowledge that I have read the above information and understand submitting my fingerprints for a criminal background check is voluntary, however, registration may require it. Furthermore, I understand I have the right to challenge the results of the Colorado state criminal history records check through the Colorado Bureau of Investigations or the Federal Bureau of Investigations.

Signature

Date

Printed Name