

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: