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**STATE OF COLORADO
 DEPARTMENT OF LAW**

RALPH L. CARR
COLORADO JUDICIAL CENTER
 1300 Broadway, 6th Floor
 Denver, Colorado 80203
 Phone (720) 508-6020
**Consumer Protection Section
 Consumer Credit Unit**

NOTICE OF COLLECTIONS MANAGER CHANGE FORM

Licensed collection agencies should use this form to report any changes to their Collections Manager. Per section 5-16-122(3)(a), C.R.S. and Rule 1.01, Rules of the Administrator, a licensee shall notify the Administrator within thirty days of such change. For the required qualifications a Collections Manager must meet, please refer to sections 5-16-119(1)(a) and 5-16-123(2), C.R.S.		
COLLECTION AGENCY'S LEGAL NAME:	LICENSE #:	PERSON TO CONTACT REGARDING THIS CHANGE: NAME: _____ PHONE #: _____ EMAIL: _____
PLEASE SELECT ONE OF THE FOLLOWING:		
<input type="checkbox"/> New Collections Manager replaces existing approved Collections Manager on file		
<input type="checkbox"/> New Collections Manager is serving as a backup to existing Collections Manager on file		
NAME OF <u>NEW</u> COLLECTIONS MANAGER:		
NAME OF <u>EXISTING</u> APPROVED COLLECTIONS MANAGER:		
DATE EXISTING APPROVED COLLECTIONS MANAGER CEASED ROLE (if applicable):		
Statements made herein are made under oath. False statements may be punishable as second-degree perjury.		
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> _____ (Date) </div> <div style="text-align: center;"> _____ (Signature) </div> </div> <div style="text-align: center; margin-top: 10px;"> _____ (Print Name & Title) </div>		
Mail the Completed Form to: <div style="text-align: center;"> Colorado Department of Law Consumer Credit Unit, CAR Ralph L. Carr Colorado Judicial Center 1300 Broadway, 6th Floor Denver, CO 80203 </div>		

STATE OF COLORADO
ADMINISTRATOR
COLORADO FAIR DEBT COLLECTION PRACTICES ACT
Email: car@coag.gov Tel: (720) 508-6020

COLLECTIONS MANAGER FORM

OMISSIONS MAY BE CONSTRUED AS INTENTIONAL FAILURE TO DISCLOSE A MATERIAL FACT AND MAY BE SUFFICIENT GROUNDS FOR DENIAL OF APPLICATION.

1. Collection Agency Name _____
2. Collection Agency License # _____
3. Collections Manager Name _____
4. Home Address

(Street Address) (City) (State) (Zip)
5. Direct Telephone No. _____ Email _____
6. Date of Birth _____ Social Security No. _____

7. Occupational Record: Furnish a complete record of employment or business association for the last six (6) years, including all companies in which you have an interest as an officer, director, voting stockholder, member or partner. Account for all periods of time, including unemployment: (or attach a detailed resume showing your employment history)

(Month-Year)						
FROM	TO	EMPLOYER	ADDRESS	POSITION	DUTIES	

8. Have you been approved as a collections manager by the Administrator, Colorado Fair Debt Collection Practices Act? No ___ Yes ___ **If yes, give date of approval and name of the collection agency for which you worked.**

9. Have you ever been convicted of a felony or entered a plea of guilty or nolo contendere to a felony? No ___ Yes ___ **If yes, provide details.** (Attach additional pages if necessary)

10. Have you ever been convicted of, or entered into a plea of guilty or nolo contendere to any of the following crimes or similar offenses: theft, receiving stolen property, forgery, impersonation, simulation, fraud, fraudulent and deceptive sales and business practices, Uniform Commercial Code offenses, computer crimes or financial transaction device offenses? No ___ Yes ___ **If yes, provide details.** (Attach additional pages if necessary)

11. Are you a current or a prior owner (in whole or in part), officer or employee, of any collection agency against which disciplinary or adverse action was taken, or is being taken, by a governmental entity? No ___ Yes ___ **If yes, provide details including your position and name of the collection agency.** (Attach additional pages if necessary)

12. Do you, as an individual, have a current or prior license or registration as a collection agency, debt collector, solicitor, collections manager, lender, mortgage, or other financial services provider issued by any other governmental entity?
No ___ Yes ___ **If yes, provide name, address, and telephone number of authority, dates, and type of registration or license.** (Attach additional pages if necessary)

13. Have you, as an individual, been denied a collection agency, debt collector, solicitor, collections manager, lender, mortgage, or other financial services license or registration by any governmental jurisdiction? No ___ Yes ___ **If yes, provide details.** (Attach additional pages if necessary)

14. Has any collection agency, debt collector, solicitor, collections manager, lender, mortgage, or other financial license or registration issued to you, as an individual, been the subject of any disciplinary or adverse action by a governmental entity?

No ___ Yes ___ **If yes, provide details.** (Attach additional pages if necessary)

15. Are there any pending criminal charges against you for a felony offense or involving any of the following criminal charges: theft, receiving stolen property, forgery, impersonation, simulation, fraud, fraudulent and deceptive sales and business practices, Uniform Commercial Code offenses, computer crimes or financial transaction device offenses?

No ___ Yes ___ **If yes, provide details.** (Attach additional pages if necessary)

Approval as collections manager is contingent upon filing a satisfactory affidavit, meeting the minimum qualifications stated in section 5-16-119(1)(a), C.R.S., having none of the disqualifications stated in section 5-16-123(2)(a), C.R.S., and employment by a licensed collection agency.

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

(Date)

(Signature)

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.