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Attorney General

**NATALIE HANLON LEH**  
Chief Deputy Attorney General

**ERIC OLSON**  
Solicitor General

**JUNE TAYLOR**  
Chief Operating Officer

**LAWRENCE PACHECO**  
Director of Communications



**STATE OF COLORADO  
DEPARTMENT OF LAW**

**RALPH L. CARR**  
**COLORADO JUDICIAL CENTER**  
1300 Broadway, 6th Floor  
Denver, Colorado 80203  
Phone (720) 508-6020  
Fax (720) 508-6033  
[www.coag.gov/car](http://www.coag.gov/car)  
[car@coag.gov](mailto:car@coag.gov)

**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 § 5-16-122(3)(a), C.R.S. and Rule 1.01, Rules of the Administrator, a licensee must notify the Administrator within 30 days of such change. For the required qualifications a Collection Manager must meet, please refer to §§ 5-16-119(1)(a) and 5-16-123(2), C.R.S.

Collection Agency's Legal Name:		Collection Agency's License Number(s):
Name of person to contact regarding this change:		Phone Number:
		Email:

Select ONE of the following:  
New Collections Manager replaces existing approved Collections Manager on file  
New Collections Manager is serving as a backup to existing Collections Manager on file

Name of **NEW** Collections Manager:

Name of **EXISTING** (approved) Collections Manager:

DATE **EXISTING** (approved) Collections Manager ceased role:

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

Signature	Date
Printed Name	

**Mail the Completed Form to:**  
**Consumer Credit Unit**  
**Ralph L. Carr Colorado Judicial Center**  
**1300 Broadway, 6<sup>th</sup> Floor**  
**Denver, CO 80203**

STATE OF COLORADO  
ADMINISTRATOR  
COLORADO FAIR DEBT COLLECTION PRACTICES ACT  
Email: [car@coag.gov](mailto:car@coag.gov) / Phone: (720) 508-6020

**COLLECTIONS MANAGER FORM**

**OMISSIONS MAY BE CONSTRUED AS INTERNTIONAL 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 Phone No. \_\_\_\_\_ Email \_\_\_\_\_

6. Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

7. Occupational Record: 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):

Dates (month, year) From To	Employer	Address	Position	Duties
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Have you been approved as a collections manager by the Administrator, Colorado Fair Debt Collection Practices Act? **If Yes, give dates of approval and name of the collection agency for which you worked.** \_\_\_\_\_  
\_\_\_\_\_

No

Yes

9. Have you ever been convicted of a felony or entered a plea of guilty or nolo contendere to a felony? **If Yes, provide details.** (Attach additional pages if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

No

Yes

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 Consumer Credit Code offenses, computer crimes or financial transaction device offenses? **If Yes, provide details.** (Attach additional pages if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

No

Yes

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 agency? **If Yes, provide details including your position and name of the collection agency.** (Attach additional pages if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

No

Yes

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 agency? **If Yes, provide name, address, and phone number of authority, dates, and type of license or registration.** (Attach additional pages if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

No

Yes as

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 agency? **If Yes, provide details.** (Attach additional pages if necessary)

No

Yes

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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 any governmental agency? **If Yes, provide details.** (Attach additional pages if necessary)

No

Yes

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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? **If Yes, provide details.** (Attach additional pages if necessary)

No

Yes

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**Approval as collections manager is contingent upon filing a satisfactory form, meeting the minimum qualifications stated in § 5-16-119(1)(a), C.R.S., having none of the disqualifications stated in § 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 §§ 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.**