

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

PERSONAL AFFIDAVIT

To be completed by every collection agency owner, partner, member and officer.

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. Officer/Owner/Partner/Member Name _____

3. Title _____

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)		EMPLOYER	ADDRESS	POSITION	DUTIES
FROM	TO				

8. 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)

9. 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)

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 by any 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 Colorado or any other governmental jurisdiction that issues comparable licenses or registrations? 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, collection manager, lender, mortgage, or other financial services license by any governmental entity? No ___ Yes ___. **If yes, provide details.** (Attach additional pages if necessary)

14. Has any collection agency, debt collector, solicitor, collection manager, lender, mortgage, or other financial services license or registration issued to you, as an individual, been suspended, revoked, or the subject of any other disciplinary or adverse action or against whom such action is now pending? No ____ Yes ____ . **If yes, provide details.** (Attach additional pages if necessary)

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

(Date)

(Signature)

(Print Name & Title)

Subscribed and sworn to before me in the County of _____, State of _____, on this _____ day of _____ 20_____.

NOTARY PUBLIC

My Commission expires:
