



# COLORADO UNIFORM CONSUMER CREDIT CODE 2015 RETAIL SALES (SELLERS/LESSORS) NOTIFICATION FORM

WEBSITE: [COLORADOATTORNEYGENERAL.GOV/UCCC](http://COLORADOATTORNEYGENERAL.GOV/UCCC)

TELEPHONE: 720-508-6012

YOU MUST COMPLETE AND RETURN  
THIS FORM WITH PAYMENT

**RETURN TO:**

COLORADO DEPARTMENT OF LAW  
CONSUMER PROTECTION SECTION  
UNIFORM CONSUMER CREDIT CODE  
RALPH L. CARR COLORADO JUDICIAL CENTER  
1300 BROADWAY, 6TH FLOOR  
DENVER, CO 80203

NAME AND MAILING ADDRESS:

**COMPLETE THE FOLLOWING AS APPLICABLE:**

1. NAME OF PERSON OR COMPANY – IF DIFFERENT THAN ABOVE:

2. IDENTIFY ALL TRADE NAMES UNDER WHICH BUSINESS IS TRANSACTED – IF DIFFERENT THAN ABOVE:

3. PHYSICAL ADDRESS OF PRINCIPAL OFFICE (MAY BE OUTSIDE COLORADO) – IF DIFFERENT THAN ABOVE:

4. NAME & ADDRESS OF COLORADO REGISTERED AGENT UPON WHOM SERVICE OF PROCESS MAY BE MADE  
(CORPORATIONS ONLY):

5. SUPERVISED LOANS ARE DIRECT CONSUMER LOANS IN EXCESS OF 12% APR. DO YOU MAKE, SERVICE, OR TAKE  
ASSIGNMENT OF SUPERVISED LOANS? (CIRCLE ONE) YES OR NO IF YES, YOU MUST OBTAIN A SUPERVISED  
LENDER'S LICENSE.

6. ARE CONSUMER CREDIT SALES OR CONSUMER LEASES MADE OTHER THAN AT AN OFFICE OR RETAIL STORE?  
(CIRCLE ONE) YES OR NO IF YES, HOW?  MAIL  INTERNET  OTHER \_\_\_\_\_

7. PROVIDE A LIST OF THE ADDRESSES OF ALL OFFICES AND RETAIL STORES IN COLORADO WHERE CONSUMER CREDIT  
SALES/LEASES ARE MADE.

**FEE SCHEDULE**

1. NOTIFICATION FEE \$ \_\_\_\_\_ 150.00

2. LATE FEE\* (IF APPLICABLE) \$ \_\_\_\_\_

3. TOTAL FEES PAYABLE [#1 PLUS #2] \$ \_\_\_\_\_

PAID BY (CHECK ONE): CHECK \_\_\_\_\_ ELECTRONIC CHECK \_\_\_\_\_ CREDIT CARD \_\_\_\_\_

**\*WARNING: NOTIFICATION FORMS FILED AFTER MARCH 1<sup>ST</sup> MUST INCLUDE A STATUTORY LATE FEE OF \$5.00 PER CALENDAR DAY**

THE UNDERSIGNED HEREBY FILES NOTIFICATION OF INTENT TO ENGAGE IN MAKING OR COLLECTING OR ENFORCING  
RIGHTS UNDER COLORADO CONSUMER CREDIT SALES AND/OR CONSUMER LEASES

I HEREBY VERIFY THAT THE INFORMATION STATED ABOVE AND THE AMOUNT PAID ARE TRUE AND CORRECT.

X \_\_\_\_\_  
SIGNATURE OF OWNER/OFFICER/PARTNER DATE

\_\_\_\_\_  
PRINTED NAME OF OWNER/OFFICER/PARTNER TELEPHONE NUMBER E-MAIL ADDRESS

**MANDATORY INFORMATION FOR SOLE PROPRIETORS AND INDIVIDUAL REGISTRANTS (NOT OPEN TO PUBLIC INSPECTION).** THIS INFORMATION IS REQUIRED  
BY §§ 14-14-113 AND 24-31-107, C.R.S. AND MAY BE USED TO REVOKE, SUSPEND, OR DENY LICENSES OR NOTIFICATIONS AS DETERMINED BY THE STATE CHILD  
SUPPORT ENFORCEMENT AGENCY FOR NONCOMPLIANCE WITH SUPPORT ORDERS OR SUBPOENAS/WARRANTS RELATING TO PATERNITY AND CHILD SUPPORT.  
**ALSO,** PLEASE INCLUDE A PHOTOCOPY OF YOUR DRIVER'S LICENSE, STATE IDENTIFICATION CARD, OR OTHER PHOTO IDENTIFICATION.

COMPLETE HOME ADDRESS: \_\_\_\_\_

SSN: \_\_\_\_\_