



2. If Applicant is an Individual, please provide the following information:

\* Name: \_\_\_\_\_  
\* Residence Address: \_\_\_\_\_  
Street City County State Zip Code  
\* Home Telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
\* Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. If Applicant is a **Partnership**, please provide the following information concerning **Each** Partner:  
(If more than three partners, attach additional sheets.)

\* Name \_\_\_\_\_  
\* Residence Address: \_\_\_\_\_  
Street City County State Zip Code  
\* Home Telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
\* Name \_\_\_\_\_  
\* Residence Address: \_\_\_\_\_  
Street City County State Zip Code  
\* Home Telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
\* Name \_\_\_\_\_  
\* Residence Address: \_\_\_\_\_  
Street City County State Zip Code  
\* Home Telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Attach a copy of current **partnership agreement** or, if applicant is a limited partnership, attach a copy of recorded certificate of existence or a certified copy of limited partnership.*

4. If applicant is a **Corporation**, please provide the following information:

a) Corporation organized under the laws of the State of \_\_\_\_\_  
b) Date of incorporation: \_\_\_\_\_  
c) Present business conducted at the following location: \_\_\_\_\_  
d) Name of Registered Agent: \_\_\_\_\_  
Street City State Zip Code  
e) Address of Registered Agent: \_\_\_\_\_  
Street City County State Zip Code  
f) Residence Addresses of Officers:  
President: \_\_\_\_\_  
Street City County State Zip Code  
Vice President: \_\_\_\_\_  
Street City County State Zip Code  
Secretary: \_\_\_\_\_  
Street City County State Zip Code  
Treasurer: \_\_\_\_\_  
Street City County State Zip Code

*Attach a copy of **Certificate of Good Standing** (Colorado Corporation) or **Certificate of Authority** (Foreign Corporation).*

5. ***(To be completed by all Applicants)*** Please provide the following information on your Manager(s):  
(If more than two, attach additional sheets.)

\* Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

\* Residence Address: \_\_\_\_\_  
Street City County State Zip Code

\* Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

\* Residence Address: \_\_\_\_\_  
Street City County State Zip Code

6. Please provide the following information regarding the Surety company which issued Applicant's Repossessor Bond:

\* Name \_\_\_\_\_

\* Address: \_\_\_\_\_  
Street City County State Zip Code

\* Telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Colorado Insurance Division License No. \_\_\_\_\_

7. Is Surety authorized to transact business in Colorado? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Has Applicant been involved in any litigation in the past five (5) years with respect to its business, or is any such litigation pending against Applicant? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify: (Attach more sheets if necessary.) \_\_\_\_\_

I hereby affirm that the information contained herein is true and accurate to the best of my knowledge and belief. By submitting this Application, I further state and affirm that I am aware that various state and local laws exist concerning the activities of Repossessors in Colorado and that copies of the same are available at my place of business.

\_\_\_\_\_  
(Signature of Individual Owner, Partner, or Officer)

\_\_\_\_\_  
Title

Signed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

Mail completed Application (original signatures required) and:

1. Filing Fee (Initial: \$150.00; Revised: \$25.00);
2. Original Repossessor Bond Form (completed by Surety); original, notarized signatures required;
3. Colorado Certificate of Good Standing (obtained through the Colorado Secretary of State Office).

Colorado Department of Law  
Consumer Protection Section  
Ralph L. Carr Colorado Judicial Center  
1300 Broadway, 7th Floor  
Denver, CO 80203  
Telephone: (720) 508-6209

**Checks should be made payable to:** Colorado Department of Law