

STATE OF COLORADO
COLLECTION AGENCY BOARD
1525 Sherman Street, 7th Floor
Denver, CO 80203
(303) 866-5706

COLLECTIONS MANAGER APPLICATION

Copy this form and retain in your files to use if and when you change collections managers. In addition, complete and return the Affidavit of Citizenship/Residency, proof of ID and/or waiver.

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

1. Name of Collection Agency _____
2. Collection Agency License Number (if new application, write "pending") _____
3. Name of Collections Manager Applicant _____
4. Are you the new collections manager or a backup? _____
5. Address of Collection Agency _____

6. Telephone number of collection agency _____
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, or voting stockholder. Account for all periods of time, including unemployment:

(Month-Year)

FROM	TO	EMPLOYER	ADDRESS	POSITION DUTIES

8. Have you previously been approved as a collections manager or resident manager by the Colorado Collection Agency Board or the Executive Director of the Board? No ___ Yes ___ If yes, give date of approval and collection agency(ies) for which you worked. _____
9. Have you ever been convicted of, or entered a plea of guilty or nolo contendere to, any of the following crimes or similar offenses in any jurisdiction: theft, receiving stolen property, forgery, impersonation, simulation, fraud, fraudulent and deceptive sales and business practices, Uniform Commercial Code offenses, or financial transaction device offenses? No ___ Yes ___ If yes, provide details: _____
10. Have you been or are you presently employed by, or the owner of, in whole or in part, any collection agency whose license was denied, revoked, or suspended or subject to any other disciplinary or adverse action or against whom such action is pending in Colorado or any other state or government jurisdiction? No ___ Yes ___ If yes, provide details including your position with that collection agency. _____
11. Have you been or are you presently employed by, or the owner of, in whole or in part, any collection agency against whom there is pending an outstanding complaint with Colorado or any other state or government jurisdiction? No ___ Yes ___ If yes, provide details including your position with that collection agency. _____
12. Have you been or are you presently licensed or registered as a collection agency, debt collector or solicitor with Colorado or any other state or governmental jurisdiction which issues comparable licenses or registrations? No ___ Yes ___ If yes, provide name, address, and telephone number of authority, dates, and type of registration or license. _____
13. Has any prior or current debt collector or solicitor registration or a collection agency license issued to you by Colorado or any other state or governmental jurisdiction been denied, suspended, revoked, or the subject of any other disciplinary or adverse action or against which such action is pending in Colorado or any other state or governmental jurisdiction? No ___ Yes ___ If yes, provide details. _____

14. Are there currently pending against you any criminal felony charges in any jurisdiction for theft, receiving stolen property, forgery, impersonation, simulation, fraud, fraudulent and deceptive sales and business practices, Uniform Commercial Code offenses, or financial transaction device offenses? No ___ Yes ___ If yes, provide details. _____

15. Date of Birth _____ Social Security Number _____
16. Home address _____
17. Will the collection agency tape record telephone conversations with consumers? _____ No ___ Yes ___ If yes, how long will the agency retain these tapes? .

Approval as collections manager is contingent upon filing a satisfactory application 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.



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STATE OF COLORADO
DEPARTMENT OF LAW

OFFICE OF THE ATTORNEY GENERAL

STATE SERVICES BUILDING
1525 Sherman Street - 7th Floor
Denver, Colorado 80203
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Colorado Collection Agency Board
Instructions for Affidavits of Citizenship/Lawful Residency

The attached Affidavit of citizenship or lawful residency and proof of verifiable identification are required by section 24-76.5-101 to 24-76.5-103 of the Colorado Revised Statutes, for licenses and approvals issued to individual applicants (natural person) aged 18 or older. Each collections manager applicant, and agency owner if the owner is a sole proprietor, must complete this affidavit.

Exemptions These requirements do not apply to applicants that are partnerships, corporations, limited liability companies, or other business entities other than sole proprietors or to foreign nationals not physically present in the United States. These applicants do not need to review or complete the remainder of this document.

Directions

1. For applicants from most states (but see exceptions below):

- Complete the Affidavit of Residency and have it notarized
- Attach a copy of your photo ID (driver's license, state identification card, etc.)

2. For applicants from Alaska, Hawaii, Illinois, Maryland, Massachusetts, Michigan, Nebraska, New Mexico, North Carolina, Oregon, Tennessee, Texas, Utah, Vermont, Washington, or Wisconsin:

- Complete the Affidavit of Residency and have it notarized
- Complete the Request for Waiver form. We have filled in the middle section to indicate there is no reason for you to physically appear at a Colorado driver's license location
- Attach copies of two forms of identification - your state photo ID and either a U.S. passport, birth or adoption certificate showing birth or adoption in the U.S., or bill/invoice showing mail received at your U.S. address such as a utility, credit card, or mortgage statement

All Applicants Mail the Affidavit of Residency, copy of photo identification, and if applicable, Request for Waiver form and copy of second form of identification to:

Colorado Collection Agency Board
1525 Sherman Street, 7th Floor
Denver, CO 80203

**AFFIDAVIT OF AMERICAN CITIZENSHIP OR LAWFUL RESIDENCY FOR
RECEIPT OF COLORADO PUBLIC BENEFITS**

(Required of applicants who are natural persons applying for a Colorado license or approval and are physically present in the United States of America)

I, _____ (print/type individual name), swear or affirm under penalty of perjury under the laws of the State of Colorado that I am (check one):

- _____ A United States citizen, or
- _____ A Permanent Resident of the United States, or
- _____ Lawfully present in the United States pursuant to federal law

and that the attached document (check one), consisting of a copy of at least one of the following forms of verifiable identification listed below, is a true and accurate copy of the original:

Identification Documents

- _____ Valid, Colorado driver's license or identification card bearing Applicant's photograph;
- _____ United States military card or military dependent's identification card;
- _____ United States Coast Guard Merchant Mariner card;
- _____ Native American tribal document;

Alternative Identification (allowed until July 1, 2007)

- _____ Valid driver's license or identification card bearing Applicant's photograph issued by one of the following states : Alabama, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Virginia, West Virginia, or Wyoming;
- _____ Naturalization certificate issued by an authorized agency of the United States bearing Applicant's intact photograph impressed with the raised embossed seal of the issuing agency;
- _____ Citizenship certificate issued by an authorized agency of the United States bearing Applicant's intact photograph impressed with the raised embossed seal of the issuing agency;
- _____ Valid Immigration Documents demonstrating lawful presence and verified through SAVE (U. S. Department. of Homeland Security's Systematic Alien Verification for Entitlements Program)

_____ Waiver demonstrated by executing this Affidavit, the attached Request for Waiver, and providing 2 forms of identification.

For the Alternative Identification methods above, you are advised that:

In order to receive benefits beyond July 1, 2007, you must produce one the forms of identification listed above under Identification Documents. As soon as possible, you should begin working diligently to secure the appropriate identification document, and a determination of eligibility for benefits based on an Alternative Identification or the EII in no way constitutes a representation that you have provided sufficient information or documentation to support the issuance of one of the forms of identification listed above under Identification Documents.

I understand that this sworn statement is required by law because I have applied for a public benefit (professional or commercial license or approval). I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

NOTARIZATION

Subscribed and sworn to before me in the County of _____,

State of _____, this _____ day of _____, 20__.

NOTARY PUBLIC

My Commission expires:

ATTACH COPY OF VERIFIABLE IDENTIFICATION, IF APPLICABLE, REQUEST FOR WAIVER, AND MAIL TO:

Colorado Collection Agency Board
1525 Sherman Street, 7th Floor
Denver, CO 80203
Telephone: (303) 866-5706



REQUEST FOR WAIVER - RESTRICTIONS ON PUBLIC BENEFITS

APPLICANT				
Current Name - Last	First	Middle		
Full Maiden Name, if applicable				
Birth Date	Gender	Social Security Number		
Current Residence Address - Street	City	State	ZIP Code	
U. S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		If No, Lawfully Present? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Applicant's Signature				Date
Form(s) of Identification				
IF AN APPLICANT IS UNABLE TO PRODUCE THE DOCUMENTATION NECESSARY TO OBTAIN A COLORADO DRIVER'S LICENSE OR IDENTIFICATION CARD, THE APPLICANT SHALL PROVIDE ANY AVAILABLE DOCUMENTS THAT VERIFY NAME AND PROOF OF LAWFUL PRESENCE.				
REPRESENTATIVE DESIGNATION (IF APPLICABLE)				
APPLICANTS LACKING SUFFICIENT MENTAL OR PHYSICAL ABILITY TO EITHER SIGN THIS FORM OR APPEAR IN PERSON TO SUBMIT THE FORM MAY ACT THROUGH A DESIGNATED REPRESENTATIVE.				
DESIGNATED REPRESENTATIVE				
Name - Last	First	Middle		
Form(s) of Identification		Identification Number		
Applicant's specific reason for needing a designated representative				

APPLICANT'S DESIGNATED REPRESENTATIVE MUST SIGN BELOW				
Signature				Date

THIS FORM AND ALL SUPPORTING DOCUMENTATION MUST BE PRESENTED IN PERSON AT ONE OF THE FOLLOWING DRIVER'S LICENSE OFFICES:

Alamosa	Craig	Hot Sulphur Springs	Meeker	Steamboat Springs
Denver (Athmar)	Delta	Grand Junction	Montrose	Sterling
Aurora	Durango	Greeley	Northglenn	Trinidad
Boulder	Ft. Collins	Gunnison	Parker	Walsenburg
Canon City	Ft. Morgan	La Junta	Pueblo	
Colorado Springs	Frisco	Lamar	Rangely	
Cortez	Glenwood Springs	Longmont	Salida	