Colorado Department of Law
Consumer Protection Section, UCCC
Ralph L. Carr Colorado Judicial Center
1300 Broadway, 6th Floor
Denver, CO 80203
Telephone: (720) 508-6012
Fax: (720) 508-6033
E-mail: uccc@state.co.us

Application for Registration - Colorado Debt-Management Services Provider
INSTRUCTIONS

File the enclosed application form and all attachments listed below to apply for the initial registration as a Colorado Debt-Management Services Provider. Do not file incomplete applications. A certificate of registration may only be issued if the applicant and its principals exhibit sufficient financial responsibility, experience, character, and fitness to ensure that the applicant will operate fairly and honestly.

APPLICATION - All applicants must submit a fully completed Debt-Management registration application and the following, as applicable:

1. WHO MUST REGISTER

Any person or organization that provides, offers to provide, or agrees to provide Debt-Management services directly or through others must register as a Debt-Management Services Provider. This includes, but is not limited to, Consumer Credit Counseling agencies, Debt Settlement agencies, telemarketing or marketing companies advertising as Credit Counseling or Debt Settlement agencies, and the like.

2. REGISTRATION FEE

The initial registration fee is $1000.00 payable to the Colorado Uniform Consumer Credit Code. Registration fee amounts are subject to change periodically due to state budget requirements. Registration fees are payable by fiscal year from July 1 to June 30. Registration fees are not pro-rated for part of a year nor are they refundable. Registration fees are assessed per provider, rather than per business location.

3. DBA, TRADE, OR ASSUMED NAMES

All Applicants using trade names must attach a copy of a properly filed Trade Name Affidavit showing the trade/ assumed name from the Colorado Secretary of State. Contact the Colorado Secretary of State at (303) 894-2200, or view www.sos.state.co.us

4. PERSONAL HISTORY

All Applicants provide a **Personal History** form for each Director(s), Officer(s), person(s) with at least 10% ownership, Agent(s), and any person(s) authorized to initiate transactions to the trust account. One blank copy is enclosed. Attach extra copies as needed.

5. CORPORATIONS AND LIMITED LIABILITY COMPANIES

Provide a copy of the Certificate of Authority or Good Standing, or Certificate of Organization from the Colorado Secretary of State, as applicable. Applicants registering out-of-state offices only, provide a copy of the Statement of Foreign Authority filed with the Colorado Secretary of State. Contact the Colorado Secretary of State at (303) 894-2200, or view www.sos.state.co.us

6. PARTNERSHIPS

Provide a copy of the Partnership Agreement. Limited partnerships must also attach a copy of the recorded certificate filed with the Colorado Secretary of State. Limited partnerships registering out-of-state offices only, provide a copy of the Statement of Foreign Authority filed with the Colorado Secretary of State. Contact the Colorado Secretary of State at (303) 894-2200, or view www.sos.state.co.us

7. SOLE PROPRIETORS

Complete and file the attached **Affidavit of American Citizenship or Lawful Residency for Receipt of Colorado Public Benefits** and provide a notarized copy of an approved identification document.

8. NOT-FOR-PROFIT-COMPANIES

· Provide evidence of non-profit and tax-exempt status applicable to the Applicant under the Federal Internal Revenue Code, 26 U.S.C., sec. 501.

· Provide the amount of compensation of the Applicant's five most highly compensated employees for each of the three years immediately preceding the application, or for the period of existence if less than three years.

· Provide evidence that the Applicant's Board of Directors is independent of the Applicant's employees and agents. See §§ 12-14.5-209(d)(1) & (2), C.R.S.

9. FINANCIAL RESPONSIBILITY

All applicants must provide one form of financial responsibility in the amount of **fifty thousand dollars ($50,000.00)**. Acceptable forms of financial responsibility are an original: (1) **Surety Bond** (form attached), (2) **Bond Substitute - Letter of Credit**.

· The **Surety Bond** must be issued by a bonding, surety, or insurance company authorized to do business in Colorado and rated at least "A" by a nationally recognized rating organization. Provide evidence of the bonding, surety or insurance company rating.

· The **Letter of Credit** must be irrevocable with no conditions; issued by a state or national bank, or saving and loan doing business in Colorado; state the dollar amount; name the UCCC Administrator as beneficiary in favor of the People of the State of Colorado; and be payable upon presentation of a certificate stating that the provider has not complied with part 2 of the Colorado Uniform Debt-Management Services Act.

· The form of financial responsibility must be in effect during the period of registration and for two (2) years after the provider ceases providing debt-management services to Colorado consumers.

10. TRUST ACCOUNTS

· File the enclosed **Trust Account Authorization and Consent** form with irrevocable consent to examine, for all active trust accounts held by the Applicant or any third party designee that arranges or establishes special purpose, savings or similar accounts for consumers. One blank copy is provided. Attach extra copies as needed.

· Provide a copy of the agreement between the Applicant and the third party designee (if applicable).

11. FINANCIAL STATEMENTS

· Provide copies of the Applicant's audited financial statements for each of the two prior years or, the period of existence if less than two years. Include contact information for the auditor and date of audit.

· If the Applicant holds money on behalf of Colorado consumers, provide a statement disclosing the total amount of money received from Colorado consumers and the total amount of money distributed by the Applicant pursuant to plans during the prior twelve months.

· If the Applicant does not hold money on behalf of Colorado consumers, provide a statement disclosing business transacted with Colorado consumers during the prior twelve months. This statement must include; the number of consumers with whom the Applicant has had agreements; the number of fully settled debt agreements with creditors that Applicant concluded; and an estimate of the total amount of debt under contract between the Applicant and Colorado consumers.

12. EDUCATIONAL PROGRAMS PROVIDED BY THE APPLICANT

Provide a description of the three most commonly used educational programs that the Applicant provides, or intends to provide, to consumers in Colorado and a copy of any materials used in those programs. The description is confidential commercial data under section § 24-72-204 (3)(a)(IV), C.R.S.

13. FINANCIAL ANALYSIS OF CONSUMERS

Provide a description, including form(s) or electronic model(s), of the Applicant's financial analysis and initial plan used to evaluate the financial condition of consumers.

14. FORMS AND AGREEMENTS

Provide copies of all agreements to be used with Colorado consumers, including those of the Applicant and any third party designee.

15. SCHEDULE OF FEES AND CHARGES

Provide a schedule of all fees and charges to be used with Colorado consumers, including those of the Applicant and any third party designee.

16. CRIMINAL HISTORY RECORDS CHECK

At the Applicant's expense, provide a state and national fingerprint-based criminal history records check, conducted within the immediately preceding twelve months, covering (1) every Officer and (2) every Employee of the Applicant or every Employee of a third party designee who is authorized to initiate transactions to the trust account, as required by section § 12-14.5-222, C.R.S.

Instructions on obtaining a fingerprint based criminal history records check, through the Colorado Bureau of Investigation (CBI), are enclosed. Attach a statement that fingerprints have been submitted to CBI.

17. AFFILIATE(S)

Disclose the identity of each Director who is an affiliate of the Applicant, as defined in § 12-14.5-202(2), C.R.S.

18. STATE LICENSE / REGISTRATION VERIFICATIONS

An applicant licensed or registered or formerly licensed or registered by other state agencies must, for its initial registration only, complete the top of the enclosed **Registration and License Verification Form** and mail it to all of these agencies. Attach copies of all verification forms you mailed to these states with your application so we may track receipt of these forms.

19. REGISTRATION IN ANOTHER STATE

The Administrator may accept the license and/or registration of another state agency. If an Applicant holds a license or registration in another state authorizing it to provide debt-management services, it may submit a copy of that license or registration certificate and that application, if the application contains information substantially similar to or more comprehensive than the information required by this application; and the Applicant, under oath or certified under the penalties of perjury, certified that the information contained in that application is current, or to the extent it is not current, supplements that application to make the information current. The applicant must also provide all attachments required by §§ 12-14.5-205 and 12-14.5-206, C.R.S.

COMPLETION OF APPLICATION - An application is not "complete" unless all items listed above have been filed (not including regulatory agency responses to the License Verification Form and CBI responses to the fingerprint based criminal background check). If we advise you that the application is incomplete, you will have 45 days to complete the application.

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Application for Registration - Colorado Debt-Management Services Provider
CHECKLIST

File all applicable attachments listed below to apply for the initial registration as a Colorado Debt-Management Services Provider.

1. All Applicants:

- ☐ Application;
- ☐ Registration Fee, $1,000.00 payable to "Colorado Uniform Consumer Credit Code";
- ☐ **Personal History Form(s)** for each Director, Officer, person with at least 10% ownership, Agent, and any person authorized to initiate transactions to the trust account;
- ☐ Evidence of Financial Responsibility, $50,000.00;
  - ◯ Surety Bond form, original Surety Bond and evidence of Surety's rating; or,
  - ◯ Original letter of credit;
- ☐ Statement that the required criminal records check for (1) every Officer and (2) every Employee of the Applicant or every Employee of a third party designee who is authorized to initiate transactions to the trust account has been submitted to CBI; Disclose the names of all individuals submitting a background check.
- ☐ Disclosure of all Affiliates of the Applicant, as defined in section § 12-14.5-202(2), C.R.S.
- ☐ Copies of all **Registration and License Verification Forms**;
- ☐ If Applicant will not provide debt-management services from an office in Colorado, provide a statement to that effect;
- ☐ Financial Statements for the prior two years, audited by an accountant licensed to conduct audits and the auditor's contact information;
- ☐ Description of the three most commonly used educational programs that the Applicant provides, or intends to provide, to consumers in Colorado and a copy of any materials used in those program; *
- ☐ Description, including form(s) or electronic model(s), of the Applicant's financial analysis and initial plan used to evaluate the financial condition of consumers; *

* This information is confidential commercial data under § 24-72-204(3)(a)(IV), C.R.S.

- ☐ All agreements to be used with Colorado consumers;
- ☐ Schedule of all fees and charges to be used with Colorado consumers.

2. Applicants using DBA's or Trade Names:

- ☐ Trade Name Affidavit(s) from the Colorado Secretary of State.

3. Applicants that hold consumers' funds for distribution to creditors:

- ☐ **Trust Account Authorization and Consent Form** for each trust account.
- ☐ A statement disclosing the total amount of money received from Colorado consumers and the total amount of money distributed by the Applicant pursuant to plans during the prior twelve months.

4. Applicants that do not hold consumers' funds but that arrange or suggest the use of a third party designee to establish special purpose, savings or similar accounts for consumers:

- ☐ **Trust Account Authorization and Consent Form** for each trust account.
- ☐ Provide a copy of the agreement between the Applicant and the third party designee.
- ☐ A statement disclosing business transacted with Colorado consumers during the prior twelve months. This statement must include: the number of consumers with whom the Applicant has had agreements; the number of fully settled debt agreements with creditors that Applicant concluded; and an estimate of the total amount of debt under contract between the Applicant and Colorado consumers.

5. Applicants that do not hold consumers' funds and do not arrange or suggest the use of a third party designee to establish special purpose, savings or similar accounts for consumers:

- ☐ A statement disclosing business transacted with Colorado consumers during the prior twelve months. This statement must include: the number of consumers with whom the Applicant has had agreements; the number of fully settled debt agreements with creditors that Applicant concluded; and an estimate of the total amount of debt under contract between the Applicant and Colorado consumers.

6. Corporations and LLCs:

- ◯ Certificate of Authority from the Colorado Secretary of State (Applicants with Colorado locations); or,
- ◯ Certificate of Organization from the Colorado Secretary of State (Applicants with Colorado locations); or,
- ◯ Statement of Foreign Authority filed with the Colorado Secretary of State (Applicants without Colorado locations).

7. Partnerships:

- ☐ Partnership Agreement
- ☐ Limited Partnerships
  - ◯ Recorded Certificate from the Colorado Secretary of State (Limited Partnerships with Colorado locations); or,
  - ◯ Statement of Foreign Authority filed with the Colorado Secretary of State (Limited Partnerships without Colorado locations).

8. Sole Proprietors:

- ☐ An **Affidavit of American Citizenship** with a notarized copy of an approved identification document.

9. Not-for-Profit Companies:

- ☐ Evidence of non-profit or tax-exempt status from the IRS;
- ☐ Statement of compensation for the five highest paid employees, for the prior three years;
- ☐ Evidence of independence between the Board of Directors and employees and agents.

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1. Applicant Information:

Legal name of Debt-Management Applicant

Not-for-Profit Company?

◯ NO ◯ YES

DBA, trade or assumed name(s) used in debt-management services (if different from above)

Company type: ◯ Credit Counseling Organization ◯ Debt Settlement Organization ◯ Both

◯ Holds consumer funds

◯ Does not hold consumer funds and does not arrange or suggest the use of a third party designee to establish special purpose, savings or similar accounts for consumers.

◯ Does not hold consumer funds but does arrange or suggest the use of a third party designee to establish special purpose, savings or similar accounts for consumers.

Name of Designee

2. Principal business address (do not use a P.O. Box).

Address

City State Zip Code

Primary Phone Toll Free Phone Fax Line

website email

If this address is in Colorado, does the Applicant conduct business with consumers through this office?

◯ NO ◯ YES

3. Location where official books and records will be kept.

Address

City State Zip Code

4. Check One:

◯ Corporation ◯ Limited Liability Company ◯ Partnership ◯ Limited Partnership ◯ Sole Proprietor

◯ Other (describe)

Corporations or Limited Liability Companies:

Alabama

Incorporated or Organized in the State of

Date of Incorporation or Organization

Colorado Registered Agent for Service of Process:

Name and Title

Address

City

State

Zip Code

Primary Officers or Members (add additional list if necessary)

President

Vice President

Secretary

Treasurer

Partnerships:

Date of Formation

Place of Formation

Type of Partnership: ◯ General ◯ Limited

Partners, both General and Limited (add additional list if necessary):

Name

Name

Name

Name

Name

Name

Sole Proprietorships:

Name of Individual Proprietor

Social Security Number

Date of Birth

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 registrations determined by the state child support enforcement agency for noncompliance with support orders or subpoenas/warrants relating to paternity and child support.

5. Branch offices or other business addresses in Colorado (use attached Branch Office form for additional Colorado locations).

If Applicant will not provide debt-management services from an office in Colorado, attach a statement to that effect.

Address

email

City

State

Zip Code

Phone Number

Fax Number

Does the Applicant provide debt-management services to consumers through this office? ◯ NO ◯ YES

Address

email

City

State

Zip Code

Phone Number

Fax Number

Does the Applicant provide debt-management services to consumers through this office? ◯ NO ◯ YES

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6. Enter appropriate number(s) in the box for each jurisdiction, during the five years immediately preceding the application:

Enter "1" if Applicant or any of its Officers or Directors has a pending application in that jurisdiction.
Enter "2" if Applicant or any of its Officers or Directors is currently licensed/registered in that jurisdiction.
Enter "3" if Applicant or any of its Officers or Directors was formerly licensed/registered in that jurisdiction.
Enter "4" if Applicant or any of its Officers or Directors has provided debt-management services to a consumer residing in that jurisdiction.

Alabama		Illinois		Nebraska		South Carolina	
Alaska		Indiana		Nevada		South Dakota	
Arizona		Iowa		New Hampshire		Tennessee	
Arkansas		Kansas		New Jersey		Texas	
California		Kentucky		New Mexico		Utah	
Colorado		Louisiana		New York		Vermont	
Connecticut		Maine		North Carolina		Virginia	
Delaware		Maryland		North Dakota		Washington	

District of Columbia		Massachusetts		Ohio		West Virginia	
Florida		Michigan		Oklahoma		Wisconsin	
Georgia		Minnesota		Oregon		Wyoming	
Guam		Mississippi		Pennsylvania			
Hawaii		Missouri		Puerto Rico			
Idaho		Montana		Rhode Island			

7. Disclosures

A) Has any Federal, State, County, or Local regulatory agency found the Applicant to have made a false statement or omission or been dishonest, unfair or unethical?

◯ NO ◯ YES

If yes, please provide details.

B) Does any Federal, State, County or Local regulatory agency have pending or has any Federal, State, County, or Local regulatory agency found the Applicant to have been involved in a violation of a financial services-related regulation(s) or statute(s) or denied suspended, or revoked the Applicant's registration or license or prevented it from associating with a financial services-related business or restricted its activities?

◯ NO ◯ YES

If yes, please provide details and a copy of the action.

C) In the past ten years, has the Applicant been a provider or an affiliate of a provider that has been the subject of a bankruptcy petition?

◯ NO ◯ YES

If yes, please provide details.

D) Has a bonding company ever denied, paid out on, or revoked a bond for the Applicant?

◯ NO ◯ YES

If yes, please provide details.

E) Does the Applicant have any unsatisfied judgments or liens against it?

◯ NO ◯ YES

If yes, please provide details.

F) Has any Officer, Director, Owner, Agent or person authorized to initiate transactions to the trust account, been the subject of any material civil or criminal judgment, litigation, or other administrative or enforcement action by any Federal, State, County, or Local regulatory agency?

◯ NO ◯ YES

If yes, please provide details.

8. Financial Responsibility provided by the Applicant

Check one:

◯ Surety Bond
attach original bond

◯ Substitute Certificate of Insurance
attach a copy of the policy

9. Contact person authorized to respond to registration and renewal inquiries.

Name and Title

Address

City State Zip Code

Phone Number Fax Number email

10. Contact person authorized to respond to consumer complaints.

Name and Title

Address

City State Zip Code

Phone Number Fax Number email

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

Signature	Title	Date
Signature	Title	Date

Corporations should affix corporate Seal and the signatures of the President or other authorized official of the corporation.

Partners must sign individually or in accordance with the Partnership Agreement.

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Application for Registration - Colorado Debt-Management Services Provider
PERSONAL HISTORY

To be completed by each Director, Officer, person with at least 10% ownership, Agent, LLC Member or Manager and person authorized to initiate transactions to the trust account. A separate form is required to be filed by each person.

OMISSIONS MAY BE CONSTRUED AS INTENTIONAL FAILURE TO DISCLOSE A MATERIAL FACT AND MAY BE GROUNDS FOR REJECTION OF APPLICATION.

1. Legal name of Debt-Management Applicant (corporation, LLC, partnership, or proprietor's name).

2. Contact Information

Person's Name and Title

Home Address

City State Zip Code

Social Security Number Date of Birth

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 registrations as determined by the state child support enforcement agency for noncompliance with support orders or subpoenas/warrants relating to paternity and child support.

3. Occupational Record

Directors only: Received compensation from the Applicant? ◯ NO ◯ YES

Company Name Title

Address Phone Number

City State Zip Code

Dates of Employment

Company Name

Title

Address

Phone Number

City

State

Zip Code

Dates of Employment

4. Ownership interest of at least 10% by a Director, Owner or Employee of the Applicant in:

(1) Any Affiliate of the Applicant as defined in sections § 12-14.5-202 (2), C.R.S.

(2) Any entity that provides products or services to the Applicant or any individual relating to the Applicant's debt-management services (use attached form for additional entries).

Name of Affiliate or Entity in which interest is owned

Address

Phone Number

City

State

Zip Code

Website

Percent ownership/interest

Length of ownership/interest

Relationship

Product or Services Provided

Name of Affiliate or Entity in which interest is owned

Address

Phone Number

City

State

Zip Code

Website

Percent ownership/interest

Length of ownership/interest

Relationship

Product or Services Provided

5. Disclosures

A) In the last 10 years, have you been, or has any organization or business with which you were associated as an officer, director, partner, owner, or otherwise, involved in any voluntary or involuntary bankruptcy, receivership, or insolvency proceedings?

◯ NO ◯ YES

If yes, please provide details.

B) Have you ever been directly or indirectly connected with any organization or business which had an application for license or registration for any business activity denied by any Federal, State, County or Local regulatory agency, or which withdrew such application to avoid a denial, or by request, or which had its license or registration suspended, canceled, revoked or subject to any administrative or enforcement action, whether or not a final order or judgment was entered?

◯ NO ◯ YES

If yes, please provide details and a copy of the action.

C) Have you ever entered a plea of guilty or nolo contender to, or been convicted of, theft, concealing stolen goods, forgery, fraud, perjury, bribery, offenses related to a violation of any State or Federal Securities Laws, or similar crime?

◯ NO ◯ YES

If yes, please provide details and a copy of the action.

D) Have you entered a plea of guilty or nolo contendere to, or been convicted of, a felony or a misdemeanor other than a traffic violation and other than information listed in questions 5(C)?

◯ NO ◯ YES

If yes, please provide details and a copy of the action.

E) Have you ever been held liable in or is there pending any civil or criminal fraud action in any judicial or administrative proceeding by any Federal, State, County, or Local regulatory agency?

◯ NO ◯ YES

If yes, please provide details.

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

_____
Signature of Applicant

_____
Date

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TRUST ACCOUNT AUTHORIZATION AND CONSENT

Applicants that hold consumers' funds for distribution to creditors or Applicants that arrange or suggest the use of a third party designee to establish special purpose, savings or similar accounts for consumers must identify and provide irrevocable consent to review all trust accounts. Attach additional sheets, with signatures, if needed.

Legal name of Debt-Management Applicant

Legal name of Designee (if applicable)

Account Number(s)

Name of Bank

Street Address of Bank

City | State | Zip Code | Phone Number

Person(s) with access to this account

Position (Officer, Director, Employee, Agent)

Applicant or Designee hereby authorizes the above-named bank to release information, at any time, concerning the above account(s) of Applicant or Designee to the Administrator of the Colorado Uniform Consumer Credit Code. The Applicant or Designee gives irrevocable consent authorizing the Administrator to review and examine trust account(s) at any time.

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

Applicant | Title | Date

Designee (if applicable) | Title | Date

Corporations should affix corporate Seal and the signatures of the President or other authorized official of the corporation.

Partners must sign individually or in accordance with the Partnership Agreement.

Surety Bond No. _____

SURETY BOND - DEBT-MANAGEMENT SERVICES PROVIDER

KNOW ALL PERSONS by these presents that _____
(Applicant-registrant Name)
of _____
(principal address of Applicant-registrant)
as principal (hereinafter "registrant") and _____
(hereinafter "surety"), a surety duly licensed by the Commissioner of Insurance of the State of Colorado, as surety,
of _____
(surety's address)
are held and firmly bound unto the Attorney General of the State of Colorado acting through the ADMINISTRATOR OF THE UNIFORM CONSUMER CREDIT CODE for use of the PEOPLE OF THE STATE OF COLORADO as obligee (hereinafter "Administrator") in the sum of fifty thousand dollars ($50,000.00), lawful money of the United States for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns jointly, severally, and firmly by these presents.

WHEREAS, registrant is applying to become or is a registered debt-management services provider pursuant to § 12-14.5-204, C.R.S. and seeks to establish, meet, and maintain the financial responsibility requirements of the Administrator during the term of the subject registration by tender of the within bond,

NOW, THEREFORE, the conditions of this bond are such that if the registrant and its agents shall comply with all provisions of the COLORADO UNIFORM DEBT-MANAGEMENT SERVICES ACT, and the rules and regulations lawfully adopted thereunder, during the term of the debt-management registration for which this bond is applicable, and shall pay any and all final judgments and orders, with expenses, that become due or owed to the Administrator thereunder, and shall pay any and all final judgments that become lawfully due to or on behalf of any individual who has prevailed in a Debt-Management Services Act cause of action against registrant or its agents, then this obligation is null and void, but otherwise to remain in full force and effect,

PROVIDED that the surety's aggregate liability for any and all claims which may arise under this bond shall in no event exceed the amount of this bond, regardless of the number of claims or claimants, and

FURTHER PROVIDED that the surety shall have the right to terminate or reduce its liability hereunder only by giving the registrant and the Administrator written notice of such termination or reduction of liability, sent by Certified U.S. Mail to the Administrator at Consumer Protection Section - UCCC, Ralph L. Carr Colorado Judicial Center, 1300 Broadway, 6th Floor, Denver, Colorado 80203 or the Administrator's most current address. Such termination or reduction of liability shall be effective from and after the expiration of 30 days from the receipt of such notice by the Administrator or on such later date as is stated in the notice; provided, however, that no liability incurred while said bond is in force and prior to said effective date of termination or reduction of liability shall be released or reduced by giving such notice, and

FURTHER PROVIDED, that after giving notice of termination or reduction of liability, and prior to the effective date or such termination or reduction of liability, the surety may reinstate or increase its liability by the execution and filing of a new bond or by mailing written notice to the Administrator indicating that the surety desires to continue as surety for the registrant and that its prior notice of termination or reduction of liability is withdrawn and rescinded.

FURTHER PROVIDED that, if this bond is not previously terminated as set forth above, the liability of the surety shall expire two (2) years after the registrant ceases providing debt-management services to individuals in this state.

THIS BOND shall be effective on and after _____ (date) or, if left blank, the date of execution by surety shall be the effective date of the bond. The bond shall be effective, if accepted by the Administrator, without further notice.

WITNESS our hands and seals:

REGISTRANT OR APPLICANT:

_____
(Debt-Management Provider's Name)

[CORPORATE SEAL]

By: _____
(Signature)

_____
(Title) (Date)

SURETY MUST ATTACH POWER OF ATTORNEY

_____
(Surety)

[SURETY SEAL]

_____
(Signature) (Date)

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INSTRUCTIONS FOR FINGERPRINTING

All Applicants must provide a state and national fingerprint-based criminal history records check, conducted within the immediately preceding twelve months, covering (1) every Officer and (2) every Employee of the Applicant or every Employee of a third party designee who is authorized to initiate transactions to the trust account(s), as required by § 12-14.5-222, C.R.S.

Note - It may take 8 weeks for this information to be processed. Submit your fingerprints as soon as possible.

Colorado Bureau of Investigation (CBI)
Fingerprint cards and fees must be mailed or delivered to: Colorado Bureau of Investigation, 690 Kipling Street, Suite 3000, Denver, CO, 80215. At the time of this notice, the CBI charges $39.50 to conduct the criminal history check. CBI does not accept personal checks. Payment can be made by money order, cash, Visa, MasterCard, cashier check, or company check payable to CBI. Contact CBI with additional questions and to verify cost.
CBI website: www.cbi.state.co.us/id CBI phone: 303-239-4208

Fingerprinting Methods:
Method 1: Obtain fingerprint card FD-258 (REV. 5-11-99) from your local law enforcement agency and have prints electronically transferred onto the card. Then mail or deliver the card to CBI. Psychological Services Incorporated (PSI) and most County Sheriff's offices can administer electronic fingerprints.
PSI website: http://candidate.psiexams.com/testcenter/us_map.jsp. PSI phone: (800) 733-9267.

Method 2: Obtain fingerprint card FD-258 (REV. 5-11-99) from your local law enforcement agency and have fingerprints transferred to the card via rolled ink. Then mail or deliver the card to CBI. The ink method has the highest rate of failure due to lower quality print characteristics. It is recommended that this process be performed by a law enforcement agency trained in rolled ink fingerprinting. Applicants whose fingerprints are not readable due to low quality print characteristics will be required to resubmit fingerprints and may be subject to additional fees.

The providers of the fingerprinting process will charge a fee, in addition to the fee payable to CBI, which will vary depending on the method used.

Required Information:
Fill in the following spaces on the fingerprint card as indicated:

Employer and Address	Reason for Fingerprint	Your NO. OCA	ORI
Attorney General - UCCC Ralph L. Carr Colorado Judicial Center 1300 Broadway, 6th Floor Denver, CO 80203	Debt-Management Services § 12-14.5-206	CONCJ0900	COCBI0000 COLO B OF I, Denver, CO

When prompted by the person taking your fingerprints, provide all personal identification information and sign the card. Have the fingerprint administrator sign the card in the space titled, "Signature of Official Taking Fingerprints."

Incomplete card information will cause delays.

cdps

COLORADO
DEPARTMENT
OF PUBLIC SAFETY

Colorado Bureau of Investigation
Ronald C. Sloan, Director

http://cbi.state.co.us/

NOTICE TO APPLICANTS

As an applicant for a position requiring fingerprints to be submitted to the Colorado Bureau of Investigation and the Federal Bureau of Investigation, YOUR FINGERPRINTS WILL BE SUBMITTED TO THESE AGENCIES TO CHECK STATE AND FBI RECORDS.

Discrepancies on your Colorado record can be challenged and corrected by contacting the Colorado Bureau of Investigation at 690 Kipling St., Suite 3000, Denver, CO 80215, or by calling the Identification Unit at (303) 239-4208. Additional information is available from CBI's website at www.cbi.state.co.us .

Discrepancies on records from the FBI or relating to another state can be challenged through the FBI. Information, including that listed below, can be found at their website at www.fbi.gov .

The U.S. Department of Justice Order 556-73 establishes rules and regulations for the subject of an FBI Identification Record to obtain a copy of his or her own record for review. The FBI's Criminal Justice Information Services (CJIS) Division processes these requests.

Who May Request a Copy of a Record (or Proof That a Record Does Not Exist)

Only you can request a copy of your own Identification Record.

How to Request a Copy of Your Record

The FBI offers two methods for requesting your FBI Identification Record or proof that a record does not exist.

Option 1: Submit your request directly to the FBI.

Option 2: Submit to an FBI-approved Channeler, which is a private business that has contracted with the FBI to receive the fingerprint submission and relevant data, collect the associated fee(s), electronically forward the fingerprint submission with the necessary information to the FBI CJIS Division for a national criminal history record check, and receive the electronic record check result for dissemination to the individual. Contact each Channeler for processing times.

AGENCY INSTRUCTIONS: To comply with federal law, provide a copy of this document to each applicant fingerprinted.

John W. Hickenlooper
GOVERNOR
James H. Davis
EXECUTIVE DIRECTOR
Colorado State Patrol
Colorado Bureau of Investigation
Division of Criminal Justice
Division of Homeland Security

Denver Office
690 Kipling Street, Suite 3000
Denver, Colorado 80215-5825
(303) 239-4300
Admin. FAX (303) 235-0568
Invest. FAX (303) 239-5788
cbi.denver@cdps.state.co.us

Pueblo Office
3416 North Elizabeth Street
Pueblo, Colorado 81008
(719) 542-1133
FAX (719) 542-6411
cbi.pueblo@cdps.state.co.us

Grand Junction Office
2797 Justice Drive
Grand Junction, Colorado 81506
(970) 248-7500
FAX (970) 248-7464
cbi.grandjunction@cdps.state.co.us

Durango Office
160 Rock Point Drive, Unit B
Durango, Colorado 81301
(970) 375-1646
FAX (970) 375-1619
cbi.durango@cdps.state.co.us

Colorado Department of Law
Consumer Protection Section, UCCC
Ralph L. Carr Colorado Judicial Center
1300 Broadway, 6th Floor
Denver, CO 80203
Telephone: (720) 508-6012
Fax: (720) 508-6033
E-mail: uccc@state.co.us

REGISTRATION AND VERIFICATION FORM

Applicant: Complete the "Applicant Section" of this form and provide it to all states that license or register you as a Debt-Management Services Provider. Copy the form and use it as needed.

State Regulator: Please complete the "State Regulator Section" of this form and mail or fax it to:

Consumer Protection Section, UCCC
Ralph L. Carr Colorado Judicial Center
1300 Broadway, 6th Floor
Denver, CO 80203
Phone: (720) 508-6010 Fax: (720) 508-6010
E-mail: uccc@state.co.us

APPLICANT SECTION

Name and principal address of Applicant

Trade Name(s) used (in state in which licensed or registered)

State and License/Registration Number(s)

Type of License/Registration

Original License/Registration Date

STATE REGULATOR SECTION

1. Is the above Applicant regulated by your agency? Yes _____ No _____
2. Is the information provided by Applicant accurate? Yes _____ No _____ Correct as needed.
3. Have you examined Applicant for state law compliance? Yes _____ No _____
4. Are there any significant, unresolved examination issues? Yes _____ (Provide details) No _____
5. Are there any significant, unresolved complaints against Applicant? Yes _____ (Provide details) No _____
6. Have you taken any disciplinary, administrative, or legal actions against Applicant? Yes _____ (Provide details) No _____
7. Are there any pending or contemplated disciplinary, administrative, or legal actions against Applicant? Yes _____ (Provide details) No _____

Name of person completing this form. _____

Title _____ State _____ Date_____

Telephone Number _____ Fax Number _____

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INSTRUCTIONS FOR AFFIDAVITS OF CITIZENSHIP/LAWFUL RESIDENCY

This affidavit of citizenship or lawful residency and proof of verifiable identification are required as of August 1, 2007 by § § 24-76.5-101 to 24-76.5-103 C.R.S., for all licenses and registrations issued to individual applicants (natural person) aged 18 or older. A state license or registration is considered to be a public benefit.
Individual applicants (sole proprietors) must complete and notarize the attached affidavit, include a notarized copy of one of the types of verifiable identification listed, and submit it to our office.

These requirements do not apply to an applicant that is a partnership, corporation, limited liability company, or other business entity other than a sole proprietor, nor do they apply to foreign nationals not physically present in the United States.

If you do not have a form of identification listed on the next page, you will need to obtain a waiver:

1. Complete Request for Waiver - Restrictions on Public Benefits form available at http://www.revenue.state.co.us/EDO_dir/pdf/dr4678.pdf

2. File the notarized affidavit with our office, as required for all applicants.

For general information on the affidavit and waiver process, visit:
http://www.revenue.state.co.us/EDO_dir/wrap.asp?incl=LawfulPresenceDetails

If you have questions about this matter, please contact our office:

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E-mail: uccc@state.co.us

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

(Required of sole proprietors who are natural persons applying for a Colorado license or registration 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;
- ◯ 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;
- ◯ Valid immigration documents demonstrating lawful presence and verified through the U.S. Department of Homeland Security's Systematic Alien Verification for Entitlements Program;
- ◯ Waiver demonstrated by executing the affidavit above, providing identification material, and obtaining an Electronic Identification Indicator (EII) issued by the Colorado Department of Revenue. Contact our office regarding this waiver.
  See also: http://www.revenue.state.co.us/EDO_dir/wrap.asp?incl=LawfulPresenceDetails.

Copies of identification documents must be notarized.

I understand that this sworn statement is required by law because I have applied for a public benefit (professional or commercial license or registration). I understand that Colorado 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 § 18-8-503 C.R.S. 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:

_____

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BRANCH OFFICES AND OTHER BUSINESS LOCATIONS IN COLORADO
Supplemental Form

Address

email

City

State

Zip Code

Phone Number

Fax Number

Does the Applicant provide debt-management services to consumers through this office? ◯ NO ◯ YES

Address

email

City

State

Zip Code

Phone Number

Fax Number

Does the Applicant provide debt-management services to consumers through this office? ◯ NO ◯ YES

Address

email

City

State

Zip Code

Phone Number

Fax Number

Does the Applicant provide debt-management services to consumers through this office? ◯ NO ◯ YES

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PERSONAL HISTORY: OCCUPATIONAL RECORD
Supplemental Form

Previous employers for the prior five years, except that if no compensation was received, use the prior two years.

Company Name | Title
Address | Phone Number
City | State | ZIP Code
Dates of Employement

Company Name | Title
Address | Phone Number
City | State | ZIP Code
Dates of Employement

Company Name | Title
Address | Phone Number
City | State | ZIP Code
Dates of Employement

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PERSONAL HISTORY: OWNERSHIP INTEREST
Supplemental Form

Ownership interest of at least 10% by a Director, Owner or Employee of the Applicant in:

(1) Any Affiliate of the Applicant as defined in section § 12-14.5-202(2), C.R.S.

(2) Any entity that provides products or services to the Applicant or any individual relating to the Applicant's debt-management services.

Name of Affiliate or Entity in which interest is owned

Address | Phone Number

City | State | Zip Code

Website | Percent ownership/interest | Length of ownership/interest

Relationship | Product or Services Provided

Name of Affiliate or Entity in which interest is owned

Address | Phone Number

City | State | Zip Code

Website | Percent ownership/interest | Length of ownership/interest

Relationship | Product or Services Provided