

**LICENSE APPLICATION FORM FOR COLLECTION AGENCIES, DEBT/CREDIT COUNSELORS,
DEBT BUYERS, & CREDIT REPAIR ORGANIZATIONS
FORM CA1 INSTRUCTIONS**

A. GENERAL INSTRUCTIONS

1. **FILING** – Form CA1 is the License Application Form for Collection Agencies, Debt/Credit Counselors, Debt Buyers, & Credit Repair Organizations.
2. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
3. **EXECUTION** – The execution section must be completed by an authorized representative of the *applicant*.
4. **DATES** – The filing date is the date *applicant* submits this form to the Idaho Department of Finance. The desired effective date is the date *applicant* would like an amendment to become effective.
5. **AMENDMENTS** – The *applicant* must update information as required by submitting amendments using Form CA1. Circle (or otherwise identify) and complete the item(s) being amended as well as the name of the *applicant* and license number where applicable.
6. **CONTACT EMPLOYEE** – The individual listed as the contact employee must be authorized to receive all compliance and licensing information, communications, and mailings, and be responsible for disseminating it within the applicant's organization.
7. **SURRENDER / CANCEL**– When an *applicant* decides to cease operations under the license, use the Form CA1 to notify the Idaho Department of Finance by checking the "Surrender/Cancel" box and completing only items 1A, 2, and 3.

B. FILING INSTRUCTIONS

1. **FORMAT**

- A. Submit a fully completed Form CA1 when the *applicant* is filing for the first time.
- B. For the initial Form CA1 filing, the Execution section must include notarized original manual signature.
- C. Type or print all information clearly and legibly.
- D. Use only the current version of Form CA1 and its Schedules or a reproduction of them.

2. **ATTACHMENTS** – Provide the following:

- A. \$150 Application Fee.
- B. File Schedules A and B only with initial applications. Use Schedule C to update Schedules A and B as needed after initial submission.
- C. Provide the name, full delivery address, and telephone number of the registered agent for service of legal process. The registered agent must be located in Idaho.
- D. File a Form CA2 for each individual designated on Schedules A or C as a *control person*, to include the Responsible Person in Charge.
- E. Responsible Person in Charge (RPIC): This person must demonstrate a minimum of three (3) years' experience specifically related to the type of business conducted by the licensee under the Idaho Collection Agency Act. This person does not have to be an owner, officer, member, partner or director. This person does not have to physically work from the main licensed office location; however, if the RPIC works from any other location, a toll-free number to reach this person during normal hours must be provided to Idaho debtors and the Department.
The following item may be used to demonstrate the required experience in the business to be conducted for the RPIC:

A résumé that includes *detailed job descriptions, duties or experience* in the business to be conducted under this license; or

- F. Provide a file-stamped copy of the Certificate of Assumed Business Name issued by the Idaho

Secretary of State (IDSOS) for use of any fictitious, trade or “doing business as” name(s) to be used in Idaho. Contact the IDSOS at 208.334.2300 for filing information.

- G. If the *applicant* is a corporation, enclose a file-stamped copy of the Certificate of Authority issued by the IDSOS, as well as a copy of the applicant’s Articles of Incorporation, including amendments, and a Certificate of Good Standing issued by the domestic state.
- H. If the *applicant* is a limited liability company (LLC), enclose a file-stamped copy of the Application for Registration of Foreign Limited Liability Company issued by the IDSOS, as well as a copy of the Articles of Organization and operating agreement, and a Certificate of Good Standing issued by the domestic state.
- I. If the *applicant* is a partnership of any form, enclose a copy of the partnership agreement and evidence of filing with the IDSOS. If the *applicant* is a limited partnership, enclose a Certificate of Good Standing issued by the domestic state.
- J. Individual(s) having contact with Idaho citizens or businesses while conducting business activities covered by the Idaho Collection Agency Act must be registered on the Notification of Agents/Collectors Form and pay a \$20 Registration Fee *per person* (this is an annual fee after initial payment at the time of registration).
- K. Branch offices need to complete a Form MU3 for each branch. No additional fee is required to register branch offices.
- L. Provide an organization structure chart reflecting parent companies, affiliates and subsidiaries.
- M. Provide a complete detailed written description of the business activities to be conducted in Idaho.
- N. Provide a complete Consent to Service of Process and Consent to Examination of Accounts Form.
- O. Provide examples of all current contracts, letters, materials, and/or forms used with creditor clients and debtors. Please provide all materials—advertising, follow-up, dispute, satisfaction, correspondence, etc., to be used with Idaho debtors or Idaho creditor clients.

3. **FINANCIAL RESPONSIBILITY** – Provide a \$15,000 Idaho Surety Bond or a \$15,000 Certificate of Deposit (CD), in the applicant’s name, FBO (for the benefit of) the Director of the Idaho Department of Finance. Instructions for a CD in lieu of Surety Bond are available on the Department’s website at <http://finance.idaho.gov> in the collection agency forms section. The **original** bond or CD must be filed with the Department. The bond must be fully executed by both the surety company and licensee. A CD must remain in place for a period of three (3) years after cessation of Idaho licensure. **NOTE: The name of the principal insured on the bond/CD must match EXACTLY to the name shown on your license and the entity filing with the Idaho Secretary of State.**

C. **EXPLANATION OF TERMS** – The following terms are italicized throughout Form CA1

1. **GENERAL**

APPLICANT – The collection agency, debt/credit counselor, debt buyer or credit repair organization applying or amending information on this form. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

CONTROL – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or executive officer; (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; (iii) in the case of an LLC, Managing Member; or (iv) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

CONTROL PERSON – An individual (natural person) named in Item 1A or in Schedules A, B, or C that directly or indirectly exercises *control* over the *applicant*.

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

PERSON – An individual, partnership, corporation, trust, LLC or other organization.

C. EXPLANATION OF TERMS – continued

2. FOR THE PURPOSE OF ITEM 9

CONTROL AFFILIATE – A partnership, corporation, trust, LLC, or other organization that directly or indirectly *controls*, or is *controlled by*, the *applicant*.

ENJOINED – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

FELONY – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

FINANCIAL SERVICES OR FINANCIAL SERVICES RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to; acting as or being associated with a bank or savings association, credit union, collection agency, mortgage broker, real estate salesperson or agent, closing agent, title company, or escrow agent).

FOREIGN FINANCIAL REGULATORY AUTHORITY – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.

FOUND – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

INVOLVED – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing to reasonably supervise another in doing an act or omission.

MISDEMEANOR – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

ORDER – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.

PROCEEDING – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

**FORM
CA1**

**LICENSE APPLICATION FORM FOR COLLECTION
AGENCIES, DEBT/CREDIT COUNSELORS, &
CREDIT REPAIR ORGANIZATIONS**

Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____

- COLLECTION AGENCY
- DEBT BUYER
- DEBT/CREDIT COUNSELOR
- CREDIT REPAIR

NEW APPLICATION AMENDMENT *To amend, circle or identify item(s) being amended.*

SURRENDER/CANCEL OTHER _____

1. Exact name, principal business address, mailing address, if different, and telephone numbers of *applicant*:

(A) Entity name (sole proprietors provide last, first, and full middle name) (B) IRS Employer Identification Number (Social Security Number is allowed for sole proprietorship)

(C) (1) Name under which business primarily is or will be conducted (dba), if different from Item 1A: _____

(2) List any other name(s) by which the *applicant* conducts or will conduct business (dba).

1. Name	2. Name
3. Name	4. Name

(D) **For amendments only:** If this filing reports the *applicant's* name has changed, specify whether the name change is of the
 applicant name (1A) or dba business name (1C1)?
 Enter the old name above and new *applicant* name here _____ **or**
 new business (trade/dba) name here _____

(E) Main address: (Do not use a P.O. Box)

_____ _____ _____ _____
 Number & Street City State / Province & Country Zip+4

(F) Mailing address, if different from Main address:

_____ _____ _____ _____
 PO Box or Number & Street City State / Province & Country Zip+4 /

(G) Telephone Numbers and Website:

_____ (_____) _____ _____ _____
 Business Phone ext Fax Line Website address e-mail address

(H) Other than the office in 1E, does the *applicant* conduct business with Idaho citizens or businesses through branch offices or other business locations? YES Branch offices must be registered. Use Form CA3 NO

EXECUTION: The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said *applicant* and agrees to and represents the following:

- (1) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete and are made under the penalty of perjury and/ or un-sworn falsification to authorities or similar provisions as provided by law;
- (2) To the extent any information previously submitted is not amended such information is currently accurate and complete;
- (3) That the Idaho Department of Finance may conduct any investigation into the background of the applicant and any related individuals or entities, in accordance with state law and federal law for purposes of making determination on the application;
- (4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis; and
- (5) To comply with the provisions of law including the maintenance of accurate books and records pertaining to the conduct of business for which the *applicant* is applying.

Notary seal here _____
 Date (MM/DD/YYYY)
 Signed or attested before me: _____
 Print Notary Public name
 on this _____ day of _____,
 Date Month

 Signature of *applicant's* representative
 By _____
 Print *applicant's* representative name
 _____ at _____
 Year State County

Notary Public signature

Notary Appointment Expires (MM/DD/YYYY)

This execution must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.

Applicant full legal name: _____

2. Contact employee information and verbiage:

(A) Registered Agent:

Name and Title () _____ ext () _____
Business Phone Fax Line e-mail address

PO Box or Number & Street _____
City State / Province & Country Zip+4 / Postal Code

(B) Contact Employee:

Name and Title () _____ ext () _____
Business Phone Fax Line e-mail address

PO Box or Number & Street _____
City State / Province & Country Zip+4 / Postal Code

(C) Consumer Complaint Employee information:

Name and Title () _____ ext () _____
Business Phone Fax Line e-mail address

Business Address _____
City State / Province & Country Zip+4 / Postal Code

(D) Physical address of location where the official books and records of the applicant will be kept. Consult each jurisdiction for specific records retention requirements.

Records Custodian Name () _____ ext () _____
Business Phone Fax Line e-mail address

Business Address _____
City State / Province & Country Zip+4 / Postal Code

3. Enter appropriate number in the box(es) for each jurisdiction:

Use the **CA** box for collection agency/debt buyer, the **DCC** box for debt/credit counselor, and the **CR** box for credit repair.
 Enter "1" if *applicant is newly applying* in that *jurisdiction*
 Enter "2" if *applicant has a pending application* in that *jurisdiction*
 Enter "3" if *applicant is already licensed/registered* in that *jurisdiction*
 Enter "4" if *applicant is surrendering/canceling* in that *jurisdiction*
 Enter "5" if *applicant was formerly licensed/registered* in that *jurisdiction*.

	CA	DCC	CR		CA	DCC	CR		CA	DCC	CR		CA	DCC	CR
Alabama				Idaho				Montana				Rhode Island			
Alaska				Illinois				Nebraska				South Carolina			
Arizona				Indiana				Nevada				South Dakota			
Arkansas				Iowa				New Hampshire				Tennessee			
California – DOC				Kansas				New Jersey				Texas – OCC			
California – DRE				Kentucky				New Mexico				Texas – SML			
Colorado				Louisiana				New York				Utah			
Connecticut				Maine				North Carolina				Vermont			
Delaware				Maryland				North Dakota				Virginia			
District of Columbia				Massachusetts				Ohio				Washington			
Florida				Michigan				Oklahoma				West Virginia			
Georgia				Minnesota				Oregon				Wisconsin			
Guam				Mississippi				Pennsylvania				Wyoming			
Hawaii				Missouri				Puerto Rico							

Applicant full legal name: _____

Identify below all types collection related business(es)

<p>4. Check type(s) of collection related business engaged in (or to be engaged in, if not yet active) by <i>applicant</i>.</p> <p>(A) First party collection <input type="checkbox"/></p> <p>(B) Third party collection <input type="checkbox"/></p> <p>(C) Passive debt buyer (does not undertake direct collections on accounts) <input type="checkbox"/></p> <p>(D) Active debt buyer (undertakes direct collections on accounts) <input type="checkbox"/></p> <p>(E) Debt/Credit counseling <input type="checkbox"/></p> <p>(F) Credit repair <input type="checkbox"/></p> <p>(G) Third party first mortgage servicing <input type="checkbox"/></p> <p>(H) Third party subordinate lien mortgage servicing <input type="checkbox"/></p> <p>(I) Account/Billing service <input type="checkbox"/></p> <p>(J) Judgment recovery <input type="checkbox"/></p> <p>(K) Other _____ <input type="checkbox"/></p>	YES				
<p>5. (A) Will the <i>applicant</i> engage in other business activities not regulated under the Idaho Collection Agency Act? If "yes" briefly describe. _____ _____ _____ _____</p>	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">YES</td> <td style="width:50%;">NO</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
<p>(B) Will the <i>applicant</i> occupy or share space with any <i>person(s)</i> engaged in <i>financial services-related</i> activity? If "yes," provide the name(s) of the other <i>person(s)</i>. _____</p>	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">YES</td> <td style="width:50%;">NO</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
<p>6. (A) Indicate legal status of <i>applicant</i>.</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other (<i>specify</i>) _____</p> <p><input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company</p> <p>(B) Fiscal year end (MM/DD): _____</p> <p>(C) If other than a sole proprietorship, indicate date and place <i>applicant</i> obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where <i>applicant</i> entity was formed): Formation State/: _____ Date of formation (MM/DD/YYYY): _____ Formation Province & Country _____</p> <p>(D) If publicly traded please insert stock symbol: _____</p> <p>(E) Trust and Operating Bank Accounts. Provide the name and address of the financial institution(s) where the licensee's general operating and Idaho client trust accounts are/will be located. Attach additional sheets if needed.</p> <p>Bank Name (if branch, include branch name): _____</p> <p>Address _____ City _____ State _____ ZIP _____</p> <p>Trust Account Number(s): _____</p> <p>General Operating Business Account Number(s) _____</p>					

Applicant full legal name: _____ **Control Information**

7. (A) Directly or indirectly, does *applicant control* or is *applicant* under common *control* with, any person that is engaged in *collection, credit repair, debt/credit counseling, debt buying* OR other *financial services-related* business? **YES** **NO**

If yes, complete information below for each relationship. In the “*Control Relationship*” Column”, enter “S” if the *applicant controls* the entity (subsidiary) and “A” if the *applicant* is under common *control* with the entity (affiliate). Attach additional sheets as necessary.

Name of Partnership, Corporation, or Organization	Number and Street	City	State/Province	Zip + 4/Postal Code	Control Relationship

Provide an organizational chart.
 Briefly describe *control* relationship(s), including percentage of interest.
 Use additional sheets for comments if necessary.

Schedule A (direct owners) and, if applicable, Schedule B (indirect owners) must be completed as part of all initial applications. Amendments to schedules A and B must be provided on Schedule C as changes occur after initial submission.

8. Include Qualifying Individual – Responsible Person in Charge who will supervise the business related activities of the applicant conducted under the Idaho Collection Agency Act.

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Title	Number and Street	City	State/Province	Zip + 4/Postal Code

9. If the answer to any of the following is "YES", provide complete details of all events or *proceedings* in an attachment, including as applicable; name and location of court, docket or case number, and status and summary of event or *proceeding*; copies of applicable charge(s), order(s), and/or consent agreement(s). Refer to the explanation of terms section of the form CA1 instructions for explanations of italicized terms. **Remember to file updates of these disclosures as needed.**

Criminal Disclosure	YES	NO
(A) In the past ten years has the <i>entity</i> or a <i>control affiliate</i> :	<input type="checkbox"/>	<input type="checkbox"/>
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: collection, credit repair, debt/credit counseling, debt buying or related activities OR financial services</i> or a <i>financial services-related</i> business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Action Disclosure		
(C) In the past ten years, has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> ever:	<input type="checkbox"/>	<input type="checkbox"/>
(1) <i>found</i> the <i>entity</i> or a <i>control affiliate</i> to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(2) <i>found</i> the <i>entity</i> or a <i>control affiliate</i> to have been <i>involved</i> in a violation of a <i>collection, credit repair, debt/credit counseling, debt buying or related activities</i> OR <i>financial services-related</i> regulation(s) or statute(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) <i>found</i> the <i>entity</i> or a <i>control affiliate</i> to have been a cause of a <i>collection, credit repair, debt/credit counseling, debt buying or related activities</i> OR <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an <i>order</i> against the <i>entity</i> or a <i>control affiliate</i> in connection with a <i>collection, credit repair, debt/credit counseling, debt buying or related activities</i> OR <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(5) denied, suspended, or revoked the <i>entity's</i> or a <i>control affiliate's</i> registration or license or otherwise, by <i>order</i> , prevented it from associating with a <i>collection, credit repair, debt/credit counseling, debt buying or related activities</i> OR <i>financial services-related</i> business or restricted its activities?	<input type="checkbox"/>	<input type="checkbox"/>
(D) Has the <i>entity's</i> or a <i>control affiliate's</i> authorization to act as an attorney, accountant, or state or federal contractor ever been revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
(E) Is the <i>entity</i> or a <i>control affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 9(C)?	<input type="checkbox"/>	<input type="checkbox"/>
Civil Judicial Disclosure		
(F)(1) Has any domestic or foreign court:	<input type="checkbox"/>	<input type="checkbox"/>
(a) in the past ten years <i>enjoined</i> the <i>entity</i> or a <i>control affiliate</i> in connection with any <i>collection, credit repair, debt/credit counseling, debt buying or related activities</i> OR <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(b) in the past ten years <i>found</i> the <i>entity</i> or a <i>control affiliate</i> to be in violation of any <i>collection, credit repair, debt/credit counseling, debt buying or related activities</i> OR <i>financial services-related</i> statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(c) in the past ten years dismissed, pursuant to a settlement agreement, a <i>collection, credit repair, debt/credit counseling, debt buying or related activities</i> OR <i>financial services-related</i> civil action brought against the <i>applicant</i> or <i>control affiliate</i> by a state or <i>foreign financial regulatory authority</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Is the <i>entity</i> or a <i>control affiliate</i> named in any pending <i>collection, credit repair, debt/credit counseling, debt buying or related activities</i> OR <i>financial services-related</i> civil action that could result in a "yes" answer to any part of 9(F)(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Financial Disclosure		
(G) In the past ten years has the <i>entity</i> or a <i>control affiliate</i> been a <i>collection, credit repair, debt/credit counseling, or a debt buying-related</i> business that has been the subject of a bankruptcy petition?	<input type="checkbox"/>	<input type="checkbox"/>
(H) Has a bonding company ever denied, paid out on, or revoked a bond for the <i>entity</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(I) Does the <i>entity</i> have any unsatisfied judgments or liens against it?	<input type="checkbox"/>	<input type="checkbox"/>

**Schedule A
DIRECT OWNERS AND
EXECUTIVE OFFICERS**

Applicant full legal name: _____

Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____

1. Use Schedule A only in new applications to provide information on the **direct** owners and executive officers of the *applicant*. Use Schedule B in new applications to provide information on **indirect** owners. File all amendments on Schedule C. **Complete each column.**

2. List below the names of:

- (a) each executive officer, including President, Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer, Director, and individuals with similar status or functions;
- (b) each *control person*
- (c) in the case of an *applicant* that is a corporation, each shareholder that directly owns 10% or more of a class of a voting security of the *applicant*, unless the *applicant* is a publicly traded company;
 Direct owners include any *person* that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 10% or more of a class of a voting security of the *applicant*. For purposes of this Schedule, a *person* beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security.
- (d) in the case of an *applicant* that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 10% or more of the partnership's capital;
- (e) in the case of a trust that directly owns 10% or more of a class of a voting security of the *applicant*, or that has the right to receive upon dissolution, or have contributed, 10% or more of the *applicant's* capital, the trust and each trustee;
- (f) in the case of an *applicant* that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 10% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers; and
- (g) the Responsible Person(s) in Charge (RPIC) of supervising the business activities of the *applicant* must be listed whether or not such persons are owners of the *applicant*.

3. Are there any indirect owners of the *applicant* required to be reported on Schedule B? Yes No

4. Complete the "Title or Status" column by entering board/management titles; status as a partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of securities owned (if more than one is issued).

- 5. (a) In the "Control Person" column, enter "Yes" if the *person* has "control" as defined in the instructions to form CA1, and "No" if the *person* does not have control. Note that under this definition, most executive officers and all 10% owners, general partners, and trustees would be "control persons". For each "Yes" response, submit Control Persons Information on form CA2.
- (b) In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "N/A."

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Title or Status	% Ownership	Control Person (yes/no)	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID

