



Application for Branch Registration Under the Idaho Collection Agency Act  
(includes collection agencies, debt/credit counselors, debt buyers, credit repair organizations and loan modification companies)

- ◆ Attached is the branch application for registration under the Idaho Collection Agency Act. Please read the instructions carefully for information on attachments and materials required. Once the "home/main" license is approved, it will remain in effect until March 15, as well as approved branch registrations, unless otherwise surrendered, revoked or suspended.
- ◆ Renewal information is emailed to the main office contact person of the licensee, and forms are posted to the Department's website approximately January 15 annually and must be filed and complete, along with renewal fee and agent fees, by midnight, March 15 annually.
- ◆ Quarterly Notification of Agents and \$20 fee per agent are required to be filed on any new agent in the licensee's employ for 30 days. Forms are available in the collection agency forms section of the Department's website at <http://finance.idaho.gov>.
- ◆ It is necessary to inform the Department of Finance prior to any change that affects your business structure, name, assumed business name, officers, directors or other control persons, responsible person in charge, bond coverage or provider, business or trust account information, or other information to keep the filed application current. Additional documents may be necessary. Changes to the licensee's structure will require submission of a full new application package and appropriate fee. There is no fee related to other changes to the license.
- ◆ Notification of an address change for a "branch" office requires an **advance amendment filing** of Form CA3 to the Department. Licensable activity may not be conducted until a registration is approved. Licenses and registrations are not transferable. Notification of office closure(s) must be submitted to the department along with evidence of compliance with the discontinuance of operations requirements under Idaho Code § 26-2246.
- ◆ Any person may verify that your "home/main" office license is active and in good standing, once approved, by checking the approved collection agency licensee lists at <http://finance.idaho.gov>. Information is updated in live time.
- ◆ Applications will be deemed withdrawn and abandoned, with all fees forfeited, if the applications are not complete within sixty (60) days of the deficiency notification date reflected on the notice. No extensions will be granted.

Any further question, please contact us at (208) 332-8002.

**CONSUMER FINANCE BUREAU**  
800 Park Blvd, Suite 200, Boise, ID 83712  
Mail To: P.O. Box 83720, Boise ID 83720-0031  
Phone: (208) 332-8002 Fax: (208) 332-8096  
<http://finance.idaho.gov>

**PROTECTING THE INTEGRITY OF IDAHO FINANCIAL MARKETS**

# BRANCH OFFICE REGISTRATION FORM FOR COLLECTION AGENCIES, DEBT/CREDIT COUNSELORS, DEBT BUYERS, AND CREDIT REPAIR ORGANIZATIONS FORM CA3 INSTRUCTIONS

## A. GENERAL INSTRUCTIONS

1. **FILING** – Form CA3 is the Branch Office Registration form accompanying the Form CA1- 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 this registration or amendment to become effective.
5. **AMENDMENTS** – The *applicant* must update information about a branch office by submitting amendments using Form CA3. When making changes to an existing branch registration, check the “amendment” box on line 1, provide all previous information in items 2a through 6a, filing and effective dates, license number where applicable, and complete only the information that is being amended in item(s) 2b through 6b or 7 through 11.
6. **CONTACT EMPLOYEE** – The individual listed on the *applicant's* Form CA1 (company's main office) as the contact employee will be contacted by the Idaho Department of Finance, if needed, about this branch Form CA3.
7. **RECORDS** – Please identify where records will be kept if the *applicant* intends to maintain records for the branch office at a location other than the main address of the *applicant* or the location specified in item 2(C) on Form CA1.
8. **SURRENDER / CANCEL**– When an *applicant* decides to cease operations under this branch registration, at one or more branch locations, use the Form CA3 to notify the Idaho Department of Finance by checking the “surrender” box and completing only items 2, 7, and 8. Submit a separate Form CA3 for each branch registration that is being surrendered. Send the original branch registration document (if any was issued) to the Idaho Department of Finance along with the Form CA3 to surrender/cancel. Use the Form CA1 to notify the Department if the entire company will cease operations under the license/registration.

## B. FILING INSTRUCTIONS

### 1. FORMAT

- A. Form CA3 may accompany a new company filing with Form CA1, or may follow the Form CA1 later. A fully completed Form CA3 must be submitted when the *applicant* is filing for branch registration the first time.
- B. The Execution section must include a notarized original manual signature for the initial Form CA3 filing for each branch office.
- C. Type or print all information clearly and legibly.
- D. Use only the current version of Form CA3 or a reproduction of it.

### 2. ATTACHMENTS

- A. 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 business 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;

- B. File a Form CA2 for the RPIC if different than the RPIC filed in Form CA1.
- C. 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 at this ranch location if not previously filed. Contact the IDSOS at 208.334.2300 for filing information.
- D. 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).
- E. There is no application fee for a branch registration.

## C. EXPLANATION OF TERMS – The following terms are italicized throughout Form CA3

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

**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 or other organization.

<b>FORM CA3</b>	<b>BRANCH OFFICE REGISTRATION FORM FOR COLLECTION AGENCIES, DEBT/CREDIT COUNSELORS, DEBT BUYERS, AND CREDIT REPAIR ORGANIZATIONS</b>	<input type="checkbox"/> COLLECTION AGENCY <input type="checkbox"/> DEBT BUYER <input type="checkbox"/> DEBT/CREDIT COUNSELOR <input type="checkbox"/> CREDIT REPAIR
Applicants full legal name: _____		
Date of filing (MM/DD/YYYY): _____		Desired Effective Date (MM/DD/YYYY): _____

1.	<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> AMENDMENT <i>Complete "b" for the item(s) being amended.</i> <input type="checkbox"/> SURRENDER/CANCEL <input type="checkbox"/> OTHER _____	
2a.	_____ Physical address (Number and Street) _____ Physical City, State/Country, Zip+4/Postal Code	2b.
		_____ NEW Physical address (Number and Street) _____ NEW Physical City, State/Country, Zip+4/Postal Code
3a.	_____ Mailing address or P.O. Box (if different from Physical) _____ Mailing address City, State/Country, Zip+4/Postal Code	3b.
		_____ NEW Mailing address or P.O. Box (if different from Physical) _____ NEW Mailing address City, State/Country, Zip+4/Postal Code
4a.	(____) - _____ ext _____ Business (Area Code) and Telephone Number  (____) - _____ Fax (Area Code) and Number and email address  Branch website (list all websites used by the branch to solicit debtors and business clients)	4b.
		(____) - _____ ext _____ NEW Business (Area Code) and Telephone Number  (____) - _____ NEW Fax (Area Code) and Number and email address  NEW Branch website
5a.	_____ Other Trade names or "dba" used at this branch	5b.
		_____ NEW Trade name or "dba" used at this branch
6a.	Each branch must have at least one Responsible Person in Charge with a completed and filed CA2.  _____ Branch Responsible Person Name	6b.
		_____ NEW Branch Responsible Person Name

**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;
- (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 in accordance with state law, into the background of the *applicant* for purposes of this registration;
- (4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis;
- (5) To keep accurate books and records or otherwise comply with the provisions of law pertaining to the conduct of business for which the *applicant* is applying.

_____ Date (MM/DD/YYYY)	_____ Signature of <i>applicant's</i> representative
Signed or attested before me: _____ Print Notary Public name	by _____ Print <i>applicant's</i> representative name
Notary seal here     on this _____ Date	_____ 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: \_\_\_\_\_

7. Physical address of location where the official books and records generated by this branch office will be kept.

Check here if same as previously specified principal records location (Item 2C on Form CA1). If multiple custodians maintain records for this branch, attach a separate sheet and indicate the types of records each custodian keeps.

_____ Records Custodian Name	(____)____ext Business Phone	(____)____ Fax Line	_____ e-mail address
_____ Number & Street	_____ City	_____ State / Province & Country	_____ Zip+4 / Postal Code

8 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 – OCCC			
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							

DCC CR

9.	Will this branch office and/or individuals at this branch office operate pursuant to a written agreement or contract with the main office?	Y	N		
10.	Will this branch office have sole responsibility for decisions relating to individuals collecting, counseling or soliciting debtors or businesses for collection-related services: (a) with respect to employment? (b) with respect to compensation?	Y Y Y	N N N		
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)		Address, City, State/Province, Zip/Postal Code	Telephone	IRS Tax No., SSN, or Employer ID#	Separately Licensed ? YES NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO