



**Application for Licensure Under the Idaho Collection Agency Act**

(includes collection agencies, debt/credit counselors, debt buyers, credit repair organizations and loan modification companies)

- ◆ Attached is the application for licensure under the Idaho Collection Agency Act. Please read the instructions carefully for information on attachments and materials required. Once the license is approved, it will remain in effect until March 15, unless otherwise surrendered, revoked or suspended. Licenses should be prominently displayed at the licensed location appearing on the license.
- ◆ Application Fee of \$150 should be made payable to the Idaho Department of Finance. Application packages are to be delivered to the addresses noted at the bottom of this letter. All approved licenses will be mailed to the *licensed location*.
- ◆ Renewal information is emailed to 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 the "home/main" office requires an **advance amendment filing** of Form CA1 to the Department. Licensable activity may not be conducted until a new license is issued reflecting the new address. Licenses 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 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**

**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

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

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

\_\_\_\_\_  
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:

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

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

(B) Contact Employee:

\_\_\_\_\_ ( ) \_\_\_\_\_ ext ( ) \_\_\_\_\_  
 Name and Title 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:

\_\_\_\_\_ ( ) \_\_\_\_\_ ext ( ) \_\_\_\_\_  
 Name and Title 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.

\_\_\_\_\_ ( ) \_\_\_\_\_ ext ( ) \_\_\_\_\_  
 Records Custodian Name 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><b>4.</b> 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 <span style="float:right"><input type="checkbox"/></span></p> <p>(B) Third party collection <span style="float:right"><input type="checkbox"/></span></p> <p>(C) Passive debt buyer (does not undertake direct collections on accounts) <span style="float:right"><input type="checkbox"/></span></p> <p>(D) Active debt buyer (undertakes direct collections on accounts) <span style="float:right"><input type="checkbox"/></span></p> <p>(E) Debt/Credit counseling <span style="float:right"><input type="checkbox"/></span></p> <p>(F) Credit repair <span style="float:right"><input type="checkbox"/></span></p> <p>(G) Third party first mortgage servicing <span style="float:right"><input type="checkbox"/></span></p> <p>(H) Third party subordinate lien mortgage servicing <span style="float:right"><input type="checkbox"/></span></p> <p>(I) Account/Billing service <span style="float:right"><input type="checkbox"/></span></p> <p>(J) Judgment recovery <span style="float:right"><input type="checkbox"/></span></p> <p>(K) Other _____ <span style="float:right"><input type="checkbox"/></span></p>  | <b>YES</b>   |            |           |                          |                          |
| <p><b>5.</b> (A) Will the <i>applicant</i> engage in other business activities not regulated under the Idaho Collection Agency Act?<br/>         If "yes" briefly describe. _____<br/>         _____<br/>         _____<br/>         _____</p>  | <table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>YES</b></td> <td style="width:50%;"><b>NO</b></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table> | <b>YES</b> | <b>NO</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>YES</b>  | <b>NO</b>  |            |           |                          |                          |
| <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?<br/>         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%;"><b>YES</b></td> <td style="width:50%;"><b>NO</b></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table> | <b>YES</b> | <b>NO</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>YES</b>  | <b>NO</b>  |            |           |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>   |            |           |                          |                          |
| <p><b>6.</b> (A) Indicate legal status of <i>applicant</i>.</p> <p><input type="checkbox"/> Corporation <span style="margin-left: 150px;"><input type="checkbox"/> Sole Proprietorship</span> <span style="margin-left: 150px;"><input type="checkbox"/> Other (<i>specify</i>) _____</span></p> <p><input type="checkbox"/> Partnership <span style="margin-left: 150px;"><input type="checkbox"/> Limited Liability Company</span></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):<br/>         Formation State/: _____ Date of formation (MM/DD/YYYY): _____<br/>         Formation Province &amp; 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.

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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<br>(Individuals: Last Name, First Name, Middle Name) | Title | Number and Street | City | State/Province | Zip + 4/Postal Code |
|--|-------|-------------------|------|----------------|---------------------|
|  |       |                   |      |                |                     |
|  |       |                   |      |                |                     |
|  |       |                   |      |                |                     |
|  |       |                   |      |                |                     |
|  |       |                   |      |                |                     |



**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<br>(Individuals: Last Name, First Name, Middle Name) | Title or Status | %<br>Ownership | Control<br>Person<br>(yes/no) | Publicly<br>Traded<br>(symbol or n/a) | Company's<br>IRS Tax #<br>or Employer ID |
|--|-----------------|----------------|-------------------------------|---------------------------------------|--|
|  |                 |                |                               |                                       |  |
|  |                 |                |                               |                                       |  |
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|  |                 |                |                               |                                       |  |
|  |                 |                |                               |                                       |  |
|  |                 |                |                               |                                       |  |





**COLLECTION BIOGRAPHICAL STATEMENT & CONSENT FORM  
FORM CA2 INSTRUCTIONS**

**A. GENERAL INSTRUCTIONS**

1. **FILING** – Form(s) CA2 must accompany Form CA1, the Collection Agency Application form. Each individual identified as a *control person* for the *applicant* on Schedule A of Form CA1, must complete Form CA2. Additionally, *applicants* must update the roster of *control persons* on Form CA1 by filing a Schedule C, thus requiring additional CA2 forms.
2. **EMPLOYMENT REPRESENTATION** – The employment representation section must be completed by an authorized representative of the *applicant*.
3. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
4. **DATES** – The filing date is the date *applicant* submits this form to the *Department*. The desired effective date is the date *applicant* would like the amendment to become effective.
5. **AMENDMENTS** – The *applicant* must update biographical information by submitting amendments using Form CA2. On Form CA2, circle or otherwise identify the item being amended. Complete only items 1(A) and 1(I), as well as the information that is being amended.

**B. FILING INSTRUCTIONS**

1. **FORMAT**

- A. Each individual identified as a *control person* on Schedules A or C must complete Form CA2. A fully completed Form CA2 for each *control person* is required to be submitted along with the *applicant's* initial Form CA1. Form CA2 also accompanies Schedule C when reporting new *control person(s)*.
- B. Type or print all information clearly and legibly.
- C. Use only the current version of Form CA2 or a reproduction of it.
- D. The Acknowledgment & Consent section must include notarized original manual signature.
- E. The Employment Representation section must include original manual signature.
- F. Employment history, item 6: provide the full legal name of the company, beginning with your current employer. For the purposes of this history, include both 1099 independent contractor assignments as well as W-2 status employment.

2. **ATTACHMENTS -**

- A. Agents of the applicant/licensee who will contact persons in Idaho relative to the business activities of the applicant/licensee will need to be registered on the Notification of Agents/Collectors.
- B. Provide written explanations and supporting documents for any "Yes" answer provided in section 8.

**C. EXPLANATION OF TERMS** – The following terms are italicized throughout Form CA2

1. **GENERAL**

**APPLICANT** – The collection agency, debt/credit counselor, debt buyer or credit repair organization applying on or amending information on Form CA1 (including schedules) or Form CA3. 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 (a natural person) named on Form CA1 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, any territory of the United States, or any subdivision or regulatory body thereof.

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

2. **FOR THE PURPOSE OF ITEM 8**

**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, mortgage lender, 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 reasonably to 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 CA2**

**BIOGRAPHICAL STATEMENT & CONSENT  
COLLECTION AGENCY APPLICATION FORM**

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

|   |           |              |           |              |           |              |
|---|-----------|--------------|-----------|--------------|-----------|--------------|
| License Number information (if applicable) is optional. Use additional sheets if necessary. | License # | Jurisdiction | License # | Jurisdiction | License # | Jurisdiction |
|   | License # | Jurisdiction | License # | Jurisdiction | License # | Jurisdiction |

NEW APPLICATION  AMENDMENT *To amend, circle or identify items being amended.*

**1. Individual's identifying information:**

(A) Full last, first and middle names:

\_\_\_\_\_

Last Name                                      First Name                                      Full Middle Name                                      Suffix (if any)

(B) Social Security Number: \_\_\_\_\_ (C) Gender:  Male  Female

(D) Date of Birth (MM/DD/YYYY) \_\_\_\_\_ (E) State/Province of Birth: \_\_\_\_\_ (F) Country/Province of Birth: \_\_\_\_\_

(G) List all names(s), other than your legal name, you have used or are using, or by which you are or were known since the age of 18. This field should include for example, nicknames, aliases, and names used before or after marriage. (Use additional sheets as necessary).

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

(H) **For amendments only:** If this filing reports that an individual's name has changed, enter the new name and attach supporting legal documentation:

\_\_\_\_\_

Last Name                                      First Name                                      Full Middle Name                                      Suffix (if any)

(I) Current Employer Name (applicant/licensee): \_\_\_\_\_

(J) Office of Employment address: (do not use a P.O. Box)  If this address is your private residence, check this box.

\_\_\_\_\_

Number & Street                                      City                                      State / Province & Country                                      Zip+4 / Postal Code

(K) Current Residence address (if different from employment address):

\_\_\_\_\_

Number & Street                                      City                                      State / Province & Country                                      Zip+4 / Postal Code

(L) Telephone Numbers and e-mail address:

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Business Phone                                      Cell Phone (optional)                                      Fax Line                                      e-mail address

**2. Individual's Acknowledgment & Consent:**

I swear or affirm that I have executed this form before a Notary Public, of my own free will and:

- (A) I have read and understand the items and instructions on this form;
- (B) My answers (including attachments) are true and complete to the best of my knowledge;
- (C) I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers;
- (D) I authorize all my current and former *employers*, law enforcement agencies, and any other *person* to furnish to any *jurisdiction*, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former *employers*, complete reasons for my termination;
- (E) I have read and understand applicable federal and state law, and will be in compliance at all times;
- (F) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis.

|                  |                             |                               |                          |   |
|------------------|-----------------------------|-------------------------------|--------------------------|---|
| Notary seal here | _____                       | _____                         | _____                    | _____                                   |
|                  | Date (MM/DD/YYYY)           | Signed or attested before me: | Print Notary Public name | Signature of individual                 |
|                  | _____                       | _____                         | _____                    | by _____                                |
|                  | _____                       | _____                         | _____                    | Print individual's name                 |
| _____            | on this _____ day of _____, | _____                         | _____                    | at _____                                |
| _____            | Date                        | Month                         | Year                     | State                                   |
| _____            | _____                       | _____                         | _____                    | County                                  |
| _____            | Notary Public signature     | _____                         | _____                    | Notary Appointment Expires (MM/DD/YYYY) |

**Individual's Acknowledgment & Consent must always be completed in full with original, manual signature and notarization.  
Affix notary stamp or seal where applicable.**





Applicant full legal name: \_\_\_\_\_ Individual's full legal name: \_\_\_\_\_

| <b>Regulatory Action Disclosure</b>   | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| (H) Has any state or federal regulatory agency or <i>foreign financial regulatory authority</i> within the past ten (10) years:<br>(1) <i>found</i> you to have made a false statement or omission or been dishonest, unfair or unethical?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) <i>found</i> you to have been <i>involved</i> in a violation of a <i>collection, debt/credit counseling, debt buying, credit repair, or financial services-related</i> regulation(s) or statute(s)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) <i>found</i> you to have been a cause of a <i>collection, debt/credit counseling, debt buying, credit repair or 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 you in connection with a <i>collection, debt/credit counseling, debt buying, credit repair or financial services-related</i> activity?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) denied, suspended, or revoked your registration or license, disciplined you, or otherwise by <i>order</i> , prevented you from associating with a <i>collection, debt/credit counseling, debt buying, credit repair or financial services-related</i> business or restricted your activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| (6) barred you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in a <i>collection, debt/credit counseling, debt buying, credit repair or financial services-related</i> business?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (7) issued a final <i>order</i> based on violations of any law or regulations that prohibit fraudulent, manipulative, or deceptive conduct?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (I) Have you ever had an authorization to act as an attorney, accountant, or state or federal contractor that was revoked or suspended?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (J) Are you now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 8(H) or 8(I)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Civil Judicial Disclosure</b>  |                          |                          |
| (K) (1) Has any domestic or foreign court ever:<br>(a) <i>enjoined</i> you in connection with any <i>collection, debt/credit counseling, debt buying, credit repair or financial services-related</i> activity?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) <i>found</i> that you were <i>involved</i> in a violation of any <i>collection, debt/credit counseling, debt buying, credit repair or financial services-related</i> statute(s) or regulation(s)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) dismissed, pursuant to a settlement agreement, a <i>collection, debt/credit counseling, debt buying, credit repair or financial services-related</i> civil action brought against you by a state, federal, or <i>foreign financial regulatory authority</i> ?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Are you named in any pending <i>collection, debt/credit counseling, debt buying, credit repair or financial services-related</i> civil action that could result in a "yes" answer to any part of 8K(1)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Customer Arbitration/Civil Litigation Disclosure</b>   |                          |                          |
| (L) Have you ever been named as a respondent/defendant in a <i>collection, debt/credit counseling, debt buying, credit repair or financial services-related</i> consumer-initiated arbitration or civil litigation which:   | <input type="checkbox"/> | <input type="checkbox"/> |
| (1) is still pending; or  | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action; or  | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) was settled for any amount?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Termination Disclosure</b>   |                          |                          |
| (M) Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made that accused you of:  | <input type="checkbox"/> | <input type="checkbox"/> |
| (1) violating statute(s), regulation(s), rule(s), or industry standards of conduct?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) fraud, dishonesty, theft, or the wrongful taking of property?   | <input type="checkbox"/> | <input type="checkbox"/> |

# 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<br><input type="checkbox"/> DEBT BUYER<br><input type="checkbox"/> DEBT/CREDIT COUNSELOR<br><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><br><input type="checkbox"/> SURRENDER/CANCEL <input type="checkbox"/> OTHER _____                                 |     |   |
| 2a. | _____<br>Physical address (Number and Street)<br>_____<br>Physical City, State/Country, Zip+4/Postal Code  | 2b. | _____<br>NEW Physical address (Number and Street)<br>_____<br>NEW Physical City, State/Country, Zip+4/Postal Code   |
| 3a. | _____<br>Mailing address or P.O. Box (if different from Physical)<br>_____<br>Mailing address City, State/Country, Zip+4/Postal Code   | 3b. | _____<br>NEW Mailing address or P.O. Box (if different from Physical)<br>_____<br>NEW Mailing address City, State/Country, Zip+4/Postal Code                                  |
| 4a. | (____) - _____ ext _____<br>Business (Area Code) and Telephone Number<br><br>(____) - _____<br>Fax (Area Code) and Number and email address<br><br>Branch website (list all websites used by the branch to solicit debtors and business clients) | 4b. | (____) - _____ ext _____<br>NEW Business (Area Code) and Telephone Number<br><br>(____) - _____<br>NEW Fax (Area Code) and Number and email address<br><br>NEW Branch website |
| 5a. | _____<br>Other Trade names or "dba" used at this branch  | 5b. | _____<br>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.<br><br>_____<br>Branch Responsible Person Name   | 6b. | _____<br>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.

|   |  |
|---|--|
| _____<br>Date (MM/DD/YYYY)                                      | _____<br>Signature of <i>applicant's</i> representative  |
| Signed or attested before me: _____<br>Print Notary Public name | by _____<br>Print <i>applicant's</i> representative name |
| Notary seal here     on this _____<br>Date                      | _____ at _____<br>Year     State     County              |
| _____<br>Notary Public signature                                | _____<br>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.

|                                 |                                 |                                     |                              |
|---------------------------------|---------------------------------|-------------------------------------|------------------------------|
| _____<br>Records Custodian Name | (____)____ext<br>Business Phone | (____)____<br>Fax Line              | _____<br>e-mail address      |
| _____<br>Number & Street        | _____<br>City                   | _____<br>State / Province & Country | _____<br>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:<br>(a) with respect to employment?<br>(b) with respect to compensation? | Y<br>Y<br>Y                                    | N<br>N<br>N |                                   |  |
| FULL LEGAL NAME<br>(Individuals: Last Name, First Name, Middle Name) |  | Address, City, State/Province, Zip/Postal Code | Telephone   | IRS Tax No., SSN, or Employer ID# | Separately Licensed ?<br>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 |



STATE OF IDAHO  
 DEPARTMENT OF FINANCE  
 Consumer Finance Bureau  
 800 Park Blvd., Ste 200  
 Boise, ID 83712  
 P.O. Box 83720  
 Boise, ID 83720-0031

|   |
|---|
| <b>BOND #</b> _____                         |
| <b>Effective date</b> _____ <b>20</b> _____ |

**SURETY BOND FOR PERMITTEE UNDER THE IDAHO COLLECTION AGENCY ACT**  
 Pursuant to Idaho Code § 26-2232  
 (\$15,000.00 minimum)

\_\_\_\_\_, Principal herein, desires to engage in business as a licensee under the Idaho Collection Agency Act, Idaho Code § 26-2221, *et seq.* (the Act), under the name shown above, and as such is required pursuant to § 26-2232 of the Act to execute this bond to the State of Idaho.

NOW, THEREFOR, said Principal and \_\_\_\_\_, as Surety, a corporation duly incorporated under the laws of the state of \_\_\_\_\_ and authorized to do business in Idaho as a surety, are held and firmly bound unto the State of Idaho, for the use and benefit of whom it may concern, in the sum of \$\_\_\_\_\_, lawful money of the United States of America, for the payment of which we hereby bind ourselves, our and each of our heirs, assigns, executors and administrators, jointly and severally, firmly by these presents. The effective date of this surety bond is: \_\_\_\_\_.

In any case where the Principal or its representatives has failed to account for and pay over the proceeds of any collection made or money received for payment or prorating to creditors, or has failed to return to a debtor any sum received that was not to be applied to his debts, the Surety shall be obligated to the Department of Finance, State of Idaho, under this bond therefor, up to the limit of this bond. Further, the creditor or debtor shall have in addition to all other legal remedies a right of action in its own name on this bond, without the necessity of joining the Principal in the action.

The Surety may cancel this bond provided that the Surety shall provide thirty (30) days' prior written notice of the cancellation of this bond to the Principal and to the Director of the Idaho Department of Finance. Such notice shall be by registered or certified mail with request for a return receipt and addressed to the Principal at its main office, and to the Director of the Idaho Department of Finance at the address set forth above.

In no event shall the liability of the Surety under this bond and all claims against the bond exceed the face amount of this bond.

\_\_\_\_\_  
 (PRINCIPAL)

\_\_\_\_\_  
 (SIGNATURE OF OFFICER OF THE PRINCIPAL)                      DATE

\_\_\_\_\_  
 (NAME OF SURETY COMPANY)

\_\_\_\_\_  
 (SIGNATURE OF OFFICER OF SURETY COMPANY)                      DATE

\_\_\_\_\_  
 (TITLE OF OFFICER OF SURETY COMPANY)

\_\_\_\_\_  
 (NAME, TITLE AND TELEPHONE NUMBER OF CONTACT FOR SURETY)

**PROCEDURES – CD IN LIEU OF BOND**  
**(Idaho Collection Agency Act)**

1. Licensee must obtain a CD (certificate of deposit) in the amount required under Idaho Code § 26-2232, in licensee's name, FBO (for the benefit of) the Director of the Idaho Department of Finance.
2. The issuing bank or credit union must be instructed as follows:
  - a. The taxpayer identification number (TIN) used for the CD shall be the licensee's TIN.
  - b. Interest on the CD shall be paid to the licensee.
  - c. The CD shall be automatically renewed for like terms, unless the Director instructs the bank or credit union to the contrary.
  - d. The Director shall have the sole right and ability to cash or redeem the CD, to designate the party to whom the CD proceeds should be paid, or to release the CD to the licensee.
  - e. The issuing bank or credit union shall take all steps necessary to ensure that the CD is not cashed or redeemed by a person other than the Director, without the Director's consent.
3. In the event that the CD must be cashed or redeemed by the Director before its maturity and applied to the licensee's obligations or liability under the Idaho Collection Agency Act, the licensee understands that the bank or credit union issuing the CD may assess its customary early withdrawal penalty.
4. The licensee shall at all times maintain the CD in accordance with the requirements of Idaho Code § 26-2232.
5. The licensee understands that the Director may hold and control the CD for (i) up to three years following the date when the licensee discontinues operations, or (ii) up to three years following the licensee's replacement of the CD with a satisfactory surety bond.



## INSTRUCTIONS FOR THE ANNUAL/QUARTERLY REPORT

### **NEW APPLICATION INSTRUCTIONS:**

- ✓ Complete the entire top left portion of the report and mark the box on the right indicating it is a new application;
- ✓ The list must be in alphabetical order and by location order;
- ✓ List terminated employees at the end of the Quarterly Report in alphabetical order and location order;
- ✓ Attach Legal Dispositions and explanations for checked Felony or Misdemeanor answers;
- ✓ A fee of \$20.00 (each) for all **new** active agents, including the RPIC(s), must accompany this report;
- ✓ Attach ONE check payable to the Idaho Department of Finance for the total fees due (\$20 for **each new** agent you are registering)

### **QUARTERLY REPORT INSTRUCTIONS:**

- ✓ Quarterly Notification is DUE June 15, September 15, and December 15;
- ✓ Send the Quarterly Report only once a quarter **on or near the due date**;
- ✓ Complete the entire top left portion of the report and mark the box on the right indicating which quarter you are reporting for;
- ✓ Mark the quarter being reported with the year (i.e. 2010, 2011, etc) on the top right portion of the report;
- ✓ The list must be in alphabetical order and by location order;
- ✓ List terminated employees at the end of the Quarterly Report in alphabetical order and location order;
- ✓ Attach Legal Dispositions and explanations for checked Felony or Misdemeanor answers;
- ✓ A fee of \$20.00 (each) for all **new** active agents, including the RPIC(s), must accompany this report for reporting on June 15<sup>th</sup>, September 15<sup>th</sup> and December 15<sup>th</sup>;
- ✓ Attach ONE check payable to the Idaho Department of Finance for the total fees due (\$20 for **each new** agent you are registering);
- ✓ The Quarterly Report form may be copied or downloaded as needed; be sure the form is signed.

### **ANNUAL REPORT INSTRUCTIONS:**

- Complete the entire top left portion of the report and mark the box on the right titled "Annual Report";
- List **ALL ACTIVE** agents, including the **RPIC(s)**, in alphabetical order, by location;
- List terminated employees since the last submitted Quarterly Report;
- Attach Legal Dispositions and explanations for checked Felony or Financial Misdemeanor answers;
- Attach ONE check payable to the Idaho Department of Finance for the total fees due (\$20 for **ALL ACTIVE** Agents including the RPIC you are registering);
- The Annual Report form may be copied or downloaded and reproduced as needed; be sure the form is signed.

**IDAHO COLLECTION AGENCY ACT Idaho Code §26-2240:** *Each applicant for a license under this act, with its initial license application, and each licensee at annual renewal, shall file with the director a list of all agents including the name of each agent and any other identifying information the director may require. A fee of twenty dollars (\$20.00) for each listed agent shall accompany the list. Each licensee shall notify the director in writing of any additions to its agent list no less often than every calendar quarter. A fee of twenty dollars (\$20.00) shall be paid to the director for each additionally identified agent in the quarterly notification of additions to a licensee's agent list. An agent is not required to be listed, nor the fee paid therefore, unless the agent acted for the licensee for more than thirty (30) business days.*

If you have any questions, please feel free to contact the licensing administrative assistant at 208-332-8085.

**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>

**GAVIN M. GEE**  
**DIRECTOR**

**STATE OF IDAHO**  
**DEPARTMENT OF FINANCE**  
**IDAHO COLLECTION AGENCY ACT**  
**NOTIFICATION OF AGENTS/COLLECTORS**

|   |                    |   |  |
|---|--------------------|---|--|
| <b>LICENSE NO.</b> _____                      | <b>DATE:</b> _____ | <i>NEW APPLICATION</i> <input type="checkbox"/> | <small>Check if this is submitted with a new application</small> |
| <b>NAME OF LICENSEE</b> _____                 |                    | <i>QUARTERLY REPORT -</i>                       |  |
| <b>STREET</b> _____                           |                    | <i>New Agents</i>                               | <b>YEAR</b>  |
| <b>CITY, STATE, ZIP</b> _____                 |                    | <i>JUN 15</i>                                   | <input type="checkbox"/>   |
| <b>NAME OF SIGNATOR (Print clearly)</b> _____ |                    | <i>SEP 15</i>                                   | <input type="checkbox"/>   |
|   |                    | <i>DEC 15</i>                                   | <input type="checkbox"/>   |
| <b>SIGNATURE</b> _____                        |                    | <i>ANNUAL REPORT (All Active Agents)</i>        |  |
|   |                    | <i>MARCH 15, 20</i> _____                       |  |

If there are NO new or terminated agents for the quarter please check the box below

Applicant/Licensee agrees to be responsible, under Title 26, Chapter 22, Idaho Code, for acts of Agent(s) while said Agent(s) is employed by the Licensee. Licensee certifies that Agent(s) has been instructed as to the requirements of the Idaho Collection Agency Act and the Fair Dept Collection Practices Act and that Agent(s) has a reasonable understanding and will comply with same.

**DISCLOSURES: IF YES, THE AGENT MUST SUPPLY A SIGNED DETAILED WRITTEN EXPLANATION ALONG WITH SUPPORTING COURT DOCUMENTS.**  
 COMPLETE COLUMN B - within the past ten (10) years have you been convicted of or plead guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?  
 COMPLETE COLUMN C - within the past ten (10) years have you been convicted of or plead guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a misdemeanor involving: Collection, Credit Repair, Debt/Credit Counseling, Debt Buying, Financial Services or a Financial Services related business?

**Listing Order: List Newly Hired Agents first, then list all newly terminated Agents on Quarterly Reports.**

|    | A  | B                      | C                           | D   | E                               | F                         | G                     | H                     | I                 | J        |
|----|--|------------------------|-----------------------------|---|---------------------------------|---------------------------|-----------------------|-----------------------|-------------------|----------|
|    | PLEASE TYPE THE AGENT NAME<br>Alphabetical Order by Location<br>LAST, FIRST, (M) | If Yes ✓<br>for Felony | If Yes ✓<br>for Misdemeanor | GROUP BY LOCATION<br>CITY & STATE OF OFFICE | SOCIAL SECURITY # OR EQUIVALENT | DATE OF BIRTH<br>mm/dd/yy | HIRE DATE<br>mm/dd/yy | TERM DATE<br>mm/dd/yy | DESK NAME IF USED | \$20 FEE |
| 1  |  |                        |                             |   |                                 |                           |                       |                       |                   |          |
| 2  |  |                        |                             |   |                                 |                           |                       |                       |                   |          |
| 3  |  |                        |                             |   |                                 |                           |                       |                       |                   |          |
| 4  |  |                        |                             |   |                                 |                           |                       |                       |                   |          |
| 5  |  |                        |                             |   |                                 |                           |                       |                       |                   |          |
| 6  |  |                        |                             |   |                                 |                           |                       |                       |                   |          |
| 7  |  |                        |                             |   |                                 |                           |                       |                       |                   |          |
| 8  |  |                        |                             |   |                                 |                           |                       |                       |                   |          |
| 9  |  |                        |                             |   |                                 |                           |                       |                       |                   |          |
| 10 |  |                        |                             |   |                                 |                           |                       |                       |                   |          |

| PLEASE TYPE THE AGENT NAME<br>Alphabetical Order by Location<br>LAST, FIRST, (M) | If Yes ✓<br>for Felony | If Yes ✓<br>for<br>Misdemeanor | GROUP BY LOCATION<br>CITY & STATE OF OFFICE | SOCIAL<br>SECURITY # OR<br>EQUIVALENT | DATE OF<br>BIRTH<br>mm/dd/yy | HIRE DATE<br>mm/dd/yy | TERM<br>DATE<br>mm/dd/yy | DESK NAME IF USED | \$20 FEE |
|--|------------------------|--------------------------------|---|---------------------------------------|------------------------------|-----------------------|--------------------------|-------------------|----------|
| 11   |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 12   |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 13   |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 14   |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 15   |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 16   |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 17   |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 18   |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 19   |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 20   |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 21   |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 22   |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 23   |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 24   |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 25   |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 26   |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 27   |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 28   |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 29   |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 38   |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 39   |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 40   |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 41   |                        |                                |   |                                       |                              |                       |                          |                   |          |
| 42   |                        |                                |   |                                       |                              |                       |                          |                   |          |
| Total  |                        |                                |   |                                       |                              |                       |                          |                   | 0        |

