



Collection Agency Supplement Renewal Application

This application must be complete and legible

Do not leave any blank spaces. There must be an answer provided for each inquiry. If not applicable use "None" or "n/a." Do not add attachments in lieu of completing our form.

Company Name: License Number: CA-

1. General Information:

If NO to any of the following, provide a written explanation on a separate sheet Yes No

- (a) Are you maintaining the correct bond amount required under A.R.S. Section 32-1021 (B)(2)?
Statutory Bond Requirements
(b) Has applicant rendered an account of and paid to all clients, for whom collections have been made, the proceeds collected, less collections charges as agreed between applicant and client within thirty days from last day of the month in which the collections have been made?
(c) Has the applicant deposited all the money collected by him and due and owing clients, and such money deposited until remitted to such clients?
(d) Has applicant kept a record of money collected and the remittance of such money?
(e) For any license changes made since the last renewal (address; active manager; name; owner/officer), have all documents and fees been sent/delivered to AzDFI?

2. Affidavit

- (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 have read and understand applicable federal and state law, and will be in compliance at all times;
(e) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis;
(f) I understand that this supplement renewal must be signed by one of the owners or officers on file with the Department of Financial Institutions.

Signature of Individual:

Printed Name Date (MM/DD/YYYY)

3. Renewal Fees:

Principal Primary Licensed location: \$600.00
Current number of Arizona branch location(s) being renewed: Total # x \$200.00 = \$

Make payable to: Arizona Department of Financial Institutions or AZDFI

Total All lines \$ Pay the amount entered here all on one check



License Renewal - Collection Agency Addendum - Fictitious Names

This report must be filed even if fictitious names are not used.

If no fictitious names are used, enter "N/A" and include the form with your renewal application.
If more space is needed, print this page as many times as needed and staple them all together.

Principal Primary Licensed Location: Complete as you did on page 1 of your renewal.

Company Name: License #: CA-

Doing Business As:

Do any of your employees use fictitious names, if YES, complete the columns below: Yes No

Table with 4 columns: True name of debt collector, Fictitious name used other than true name, Date used From To, True physical home address and mailing address of debt collector.

Filed with the Department for the December 31st report period

Date

Signature of Licensee or Active Manager



Collection Agency Supplement Renewal Application Checklist

- \$600 Renewal Fee
- \$200 per branch location in Arizona that is renewing
- Financial Statement Completed
(Must provide a Financial Statement covering the period January 1 through December 31 of the previous calendar year and a YTD Financial Statement)
[Financial Statement](#)
- Fictitious Names Report Completed (Included in the renewal package)
- All changes to your license are to be sent to the department under separate cover. Do not include/submit with renewal application. (See renewal instructions for information on making changes to your license)
- Submit License renewal package to AZDFI Attention Licensing Division, 2910 N. 44th St., Suite 310, Phoenix, AZ 85018