Attention Applicants

This Department will only accept:

- **Current** application documents
- **Legibly** completed forms
- **Complete** application packets
  Refer to the **instructions & checklist** provided

Make all checks payable to:
"Arizona Department of Financial Institutions"
and
Mail the entire **completed** application packet all together to:
Arizona Department of Financial Institutions
Licensing Division
2910 N. 44th Street, Suite 310
Phoenix, AZ 85018

Make copies of your entire application package before submission:

- The Department cannot make copies for you.

  and

- If there are questions during the processing of your application, you will have the information available for reference.

Application Instructions For License Under Arizona Revised Statutes 32–1001 Et. Seq.

Before You Complete the Enclosed Documents Please Read the Following Carefully

You can not conduct business governed by Arizona Revised Statutes until you have been licensed by this department and only for the location at which you have been licensed.

Application: The enclosed application package is to be used by all applicants: individuals, partnerships, corporations or business trusts. To apply for licensing, complete all enclosed forms. Do not leave any questions unanswered. If a question does not apply to you or if, the answer to the question is 'none', so state on the application. We do not accept applications that are not completely filled out. Make photocopies of the completed forms for your records, this department will not provide them for you.

To Submit an Application to the Arizona Department of Financial Institutions you *must* have the following completed with the appropriate agencies and the approved copy(s) attached to your application.

Application name: The application name you apply for must be identical on all forms (e.g., articles, application, bond, trade name certificate, financials etc.). Failure to submit the required documents will delay the processing of your application while these items are being amended.

Arizona State Corporation Commission 1300 W. Washington St., Phoenix, AZ 85007 Telephone (602) 542-3135 or www.cc.state.az.us.	Arizona Secretary of State 14 N. 18th Avenue, Phoenix, AZ 85007 Telephone (602)542-6187 or www.azsos.gov

If You Wish To Apply as A/An:

Corporation: Contact the Arizona State Corporation Commission. They will assist you in your incorporation. You *must* submit an approved copy of your articles of incorporation and any amendments thereto with the application.

Foreign Corporations: Contact the Arizona State Corporation Commission, if your corporation has been incorporated in a state other than Arizona, the corporation must be authorized to conduct business in this state. You *must* submit a copy of the approved application for authority and a copy of your Articles of Incorporation from the state for which you are incorporated.

Limited Liability Company: Contact the Arizona State Corporation Commission. They will assist you in either forming under Arizona law or applying for registration to transact business in Arizona as a foreign limited liability company. You *must* submit an approved copy of the articles of organization (for domestic companies) or a copy of the approved registration (for foreign companies) with your application.

Partnerships: Limited Partnership's or Foreign Limited Partnership's need to contact the Secretary of State. You *must* provide an approved copy of your partnership agreement

Individual / Sole Proprietorship: *Must* use his or her own name.

Dba/Trade Name: Contact the Secretary of State if you wish to do business under a "dba" or a "trade name", you must register your dba or trade name. You *must* submit an approved copy of your certificate of trade name registration with your application.

Do not forward your application to this Department until you have received your approved documents from the Arizona State Corporation Commission and/or the Arizona Secretary of State.

Application Requirements

Qualifications of Applicant: The individual applicant or, if the applicant is other than an individual, the individual in active management of the firm, partnership, association or corporation, shall:

- Be a citizen of the United States and be of good moral character
- Not have been convicted of a crime involving moral turpitude
- Not have defaulted on payment of money collected or received for another
- Not have been a former licensee under the provisions of the Collection Agency Code whose license was suspended or revoked and not subsequently reinstated

Financial statement: Only the financial statement forms supplied in the application package will be acceptable for the licensing requirement. Each page must be completed with information pertinent to the applicant for license. If any portion of the form is not applicable to you, indicate that on the form. The verification of the financial statement must be completed, signed and notarized.

Personal History Statement (PH) and Fingerprint Card (FP): If the applicant is an individual, he/she must complete both the PH and FP documents. If the applicant is a corporation a PH and FP must be completed by each of the five (5) highest corporate officers and by the active manager who must also be an employee and active in the management of the corporation. In the event the corporation has only one officer, then any manager(s), director(s) or anyone in a managerial/responsible position should also complete a PH and FP. Each member of a Limited Liability Company must complete the PH and FP. Again, do not leave any questions unanswered. Fingerprints must be done by a law enforcement agency. You will need to request the appropriate number of fingerprint cards from the website azdfi.gov. Fingerprint fees must be submitted on a separate check from all other fee types. The PH and FP must be submitted to this department as part of the original application package.

Bond: At time of application, the applicant must provide this Department with a continuous surety bond computed on a base consisting of the Arizona gross annual income in the minimum amount as follows:

Base	Minimum Bond
Not over $250,000	$10,000
$250,001 to $500,000	$15,000
$500,001 to $750,000	$25,000
$750,001 and over	$35,000

The licensee as principal and a surety company that is authorized to do business in this State must execute this bond. Your insurance company can assist you in completing our bond form enclosed. In lieu of a bond, a certificate of deposit can, in some circumstances, be substituted. Contact this department for more information concerning the requirements for the certificate of deposit.

Fictitious names report: This form must be signed by the active manager, dated and completely filled out. If no fictitious names are used, so state. If fictitious names are used, the bottom portion must be completely filled out with names, dates used and true home and mailing addresses.

W-9: A completed W-9 form must be included with your application package.

Verification of Licenses Issued by Other States: If applicant holds like or similar licenses from other states, you will need to provide the Department with copies of these licenses with your application. If you are licensed in more than five (5) states, only provide the Department with copies from five (5) states. Example: If you are licensed in 30 states as a collection agency then you would only send us copies of current licenses from (5) states.

The licensing year is February 1 through January 31: If you are applying for a license that could possibly be issued in October, November or December, the license must be renewed by December 31st.

Process Time: The time it takes to process an application is dependent on the completeness and accuracy of the forms submitted. If the submitted forms are not properly completed, they will be returned to you. This may result in a substantial delay. Be sure to review the *CheckList* provided with the instructions. In the event, your application is returned to you, or if the licensing section requests additional information, your prompt response will help reduce the

processing time. If you fail to provide the necessary information needed to make our decision within the statutory required time allowance, your license application will be withdrawn and you will have to reapply.

Fees: You must provide one check for the application fee and one check for the fingerprint processing fee(s). The non-refundable One thousand five hundred dollars ($1500) application fee and the twenty nine dollar ($29.00) fingerprint processing fee for each fingerprint card must be submitted together with the completed application forms. You will be notified when to submit the appropriate pro-rated licensing fee.

We suggest that you keep these instructions for your quick reference in the future.

A license granted by this Department entitles you to engage in that particular business for which the license is issued.

Be advised, however, that adherence to and compliance with all applicable Statutes and Rules is your responsibility.

Statutes and Rules may be found on the Department's website at azdfi.gov. They may also be obtained at the Main Public Library located at 1221 North Central Ave., Phoenix, or your attorney. Statutes and Rules may be purchased from the Secretary of State at (602) 542-4086 or www.azsos.gov

All fees charged are authorized, pursuant to, A.R.S. Section 6–126.

License Type	Statutes and Rules	Maximum License Issuance Time in Days
Advance Fee Loan Brokers	A.R.S. Section 6–1301 through 6–1310	60
Collection Agencies	A.R.S. Section 32–1001 through 32–1057 Rules R20-4-1501 through R20-4-1530	45
Commercial Mortgage Bankers	A.R.S. Section 6–971 through 6–985 Rules R20-4-1901 through R20-4-1911	120
Consumer Lender	A.R.S. Section 6–601 through 6–675 Rules R20-4-501 through R20-4-536	120
Debt Management	A.R.S. Section 6–701 through 6–716 Rules R20-4-601 through R20-4-620	60
Deferred Presentment	A.R.S. Section 6–1251 through 6–1263	120
Escrow Agents	A.R.S. Section 6–801 through 6–847 Rules R20-4-701 through R20-4-706	120
Money Transmitters	A.R.S. Section 6–1201 through 6–1219	120
Mortgage Brokers	A.R.S. Section 6–901 through 6–910 Rules R20-4-901 through R20-4-926	120
Mortgage Bankers	A.R.S. Section 6–941 through 6–948 Rules R20-4-1801 through R20-4-1812	120
Motor Vehicle Time Sales Disclosure Act	A.R.S. Section 44–281 through 44–295	45
Premium Finance Companies	A.R.S. Section 6–1401 through 6–1419	120
Trust Companies	A.R.S. Section 6–851 through 6–867 Rules R20-4-801 through R20-4-816	150

Collection Agency Application

Check List

- ☐ One check for the $1,500 application fee
- ☐ and one check for the total number of Fingerprint cards
  $29.00 fee per Fingerprint card (# Of Cards _____ x Fee = $ _____)
- ☐ Application (Signed And Notarized)
- ☐ Surrender Agreement Page (Signed and Notarized)
- ☐ W-9 Form/Request for Taxpayer Identification
- ☐ Bond (Signed And Notarized By Surety And Applicant)
- ☐ Fictitious Names Report even if fictitious names are not used (signed and dated)
- ☐ Current Financial Statement (Signed And Notarized)

The following items if applicable:

- ☐ Articles Of Incorporation (Approved Copy) ☐ Amendments
- ☐ Articles Of Organization (Approved Copy) ☐ Amendments
- ☐ Foreign Authority (Approved Copy)
- ☐ Certificate Of Good Standing
- ☐ Trade Name Certificate (Approved Copy)
- ☐ Partnership Or Joint Venture Agreement (Approved Copy)
- ☐ Enclose Copies Of Licenses Held In Other States (Up To 5)

For each of the top 5 officers and the active manager (AM):

- ☐ Personal History Statements (Signed And Notarized In Both Locations)
- ☐ Driver License Copies
- ☐ Fingerprint Cards (Top Portion Identification Data Must Be Completed)
- ☐ Letter Of Explanation For Derogatory Credit and/or Criminal History Issues

Did you remember to:

- ☐ Answer All Questions On All Forms Or Complete With “None” Or “NA”
- ☐ Sign And Notarize All Documents Where Applicable
- ☐ Make Copies Of The Completed Application Packet For Your Records
- ☐ Type Or Print All Information On All Documents
- ☐ Make checks payable to: Arizona Department of Financial Institutions

Fingerprints must be done by a Law Enforcement Department.
See Arizona Administrative Code R20-4-103.

See Application Instructions under "Personal History Statement & Fingerprint Card" for fingerprint instructions; then order your fingerprint cards from our Department. To request fingerprint cards, go to the Licensing page of our website azdfi.gov or fax us your request at (602) 381-1225.

Fingerprint cards are forwarded to the Arizona Department of Public Safety for processing by the Federal Bureau of Investigation. The FBI sets the following rules for the submission of fingerprint cards:

One Card per Person

- ORI Field on fingerprint card must have Phoenix, AZ information or be blank. It cannot have another State's information in that field. Do not use white out material.
- Do not use a highlighter on the fingerprint card. The FBI's scanners cannot record the information if card contains highlighter.
- Do not overlap the borders of the block in which you enter information. The scanners cannot read information that overlaps the block.
- Do not use whiteout on the fingerprint card. If information on the card needs to be changed, you may use a white address label affixed within the blue borders of the block.
- Do not overlap any information into the actual fingerprint area.
- Do not enter any information in the block entitled "Employer and Address". The Department will enter this information.
- Do not enter any information in the block entitled "Reason Fingerprinted". The Department will enter this information.
- Do not alter any preprinted information on the fingerprint card.

Failure to adhere to these guidelines may result in the fingerprint card being returned and a new card required to be submitted.

Fingerprint fees must be on a separate check if other fees are being enclosed.

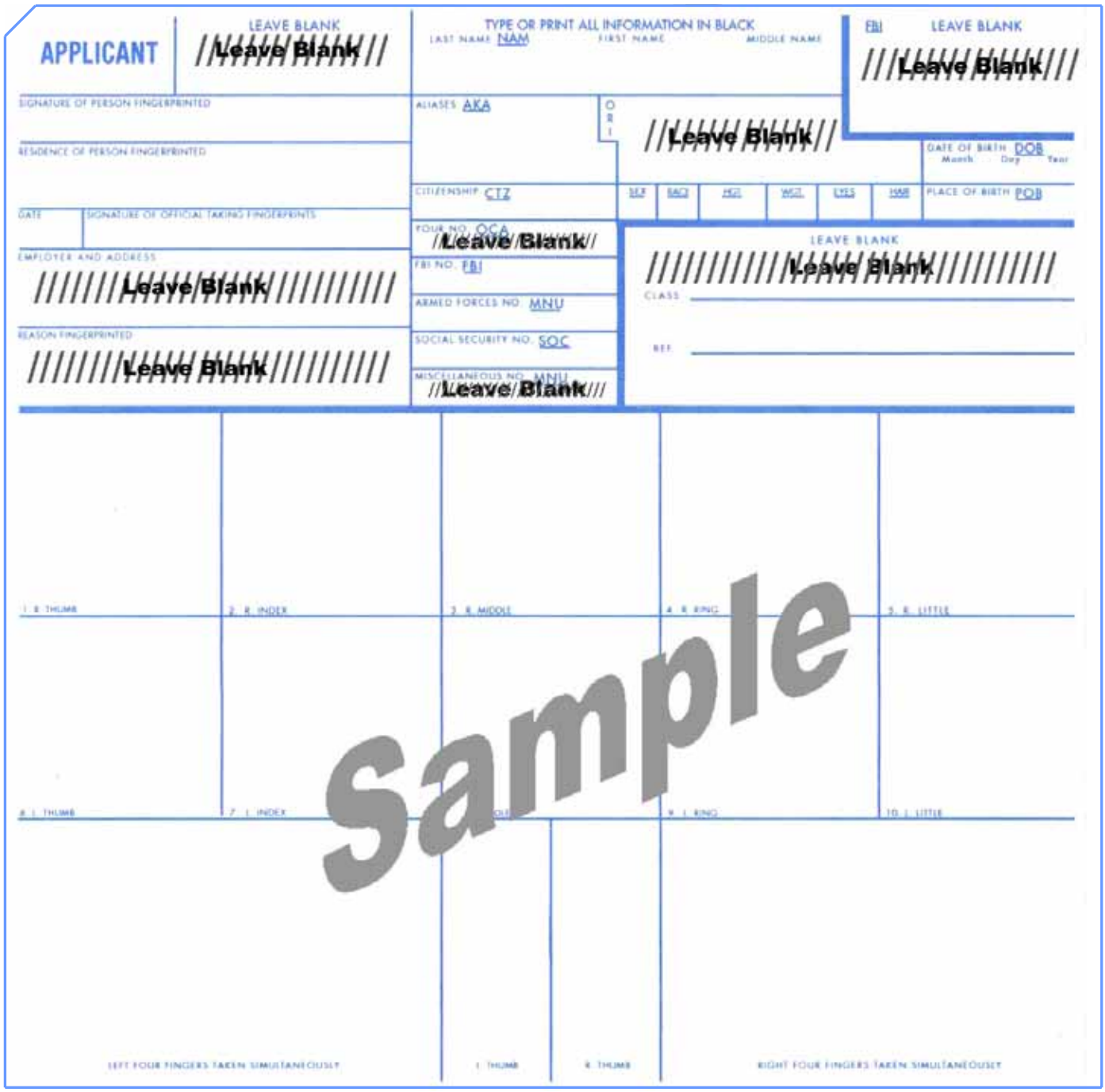
Make check payable to: Arizona Department of Financial Institutions

Note:

You may use any fingerprint card that is identical to the one show below, as long as there is no preprinted information on the card. All fields must be blank unless received from the Department of Financial Institutions.

Do not write in any field marked "Leave Blank". Complete all remaining identifying information fields. If there are fields that do not apply, enter N/A.

Review fingerprint card instructions above.



BOND NO._____

KNOW ALL MEN BY THESE PRESENTS, That we,_____ _____, as Principal, and _____, a Corporation, qualified and authorized to do business in the State of Arizona as Surety, are held and firmly bound unto the State of Arizona for the use and benefit of any injured person, in the sum of $_____, lawful money of the United States of America, to be paid to any person injured by the wrongful act, default, fraud or misrepresentation of the licensee or his employees and to the State of Arizona for the benefit of the person injured, for which payment well and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT:

WHEREAS, the above named Principal has made application to the Superintendent of Financial Institutions of the State of Arizona for license as a Collection Agency within the meaning of Title 32, Chapter 9, Arizona Revised Statutes, and is required by the provisions of such statutes to furnish a bond in the sum named above, conditioned as herein set forth:

NOW, therefore, if the Principal shall strictly, honestly and faithfully comply with the provisions of Title 32, Chapter 9, Arizona Revised Statutes, and shall pay all damages suffered by any person injured by the wrongful act, default, fraud or misrepresentation of the licensee or his employees, or both, growing out of any transaction governed by the provisions of such statutes, then this obligation shall be void; otherwise to remain in full force and effect.

This bond shall become effective on _____, and shall remain in force until the Surety is released from liability by the Superintendent of Financial Institutions, or until this bond is cancelled by the Surety. The Surety may cancel this bond and be relieved of further liability hereunder by giving thirty days written notice to the Principal and to the Superintendent of Financial Institutions of the State of Arizona.

This bond shall be one continuing obligation, and the liability of the Surety for the aggregate of any and all claims which may arise hereunder shall in no event exceed the amount of the penalty hereof.

IN WITNESS WHEREOF, the seal and signature of the Principal hereto is affixed, and the corporate seal and the name of the Surety hereto is affixed and attested by its duly authorized officers at _____ this (date) _____
(Company Name)

_____
(Print Name of Principal Officer)

By: _____
Signature of Principal Officer

_____
(Name of Surety Company)

By:_____
Signature of Surety Company

COUNTERSIGNED:
If applicable

BY: _____
Arizona Resident Agent

Licenses may be issued before the completion of the investigation process of your application. This is due to the delay in obtaining certain verification of information provided to the Department in your application package. Please read, sign and notarize this form and return with the application package.

I have read and completely understand the conditions relating to issuance of this license and agree to surrender upon demand the license issued by the Department of Financial Institutions of Arizona, if any negative or derogatory information of any type is discovered during the investigation of the license application. If asked to surrender the license, I will do so immediately and cease conducting the business activity relating to the license.

ACCEPTED

_____
(Name of Company)

By: _____ *(print)* _____
(Signature of Principal Officer) *(Name of Principal Signer)*

Date: _____ *(print)* _____
(Title of Principal Signer)

NOTARIZATION OF SIGNATURE

State of _____)
) ss.
County of _____)

Subscribed and Sworn to before me, this *day of* _____

year of _____ *at* _____
(City and State)

_____
Notary Public

My Commission expires _____

Collection Agency Application

Application

Type or legibly print all information. Do not leave blanks. If not applicable, use "None" or "N/A."
Make additional copies of any page or attach a separate sheet if addition space is necessary

Filling Status (check one): Tax ID# _____

☐ Corporation ☐ Limited Liability Company ☐ Partnership ☐ Individual ☐ Other

To the Superintendent of Financial Institutions:

Application is hereby made for a license to engage in and carry on the business of a Collection Agency, pursuant to provisions of Title 32, Chapter 9, Arizona Revised Statutes.

1. _____
Name of Applicant (Name that is to be used in Arizona)

_____
(DBA) Optional – Not Required – Issued by the Arizona Secretary of State

_____
Primary office address (where business will be conducted) (City) (State) (Zip)

(____) - _____ (____) - _____ (____) - _____
Telephone No. Fax No. Toll Free No.

_____
Business: Web Page Address and E-mail Address

2. _____
Mailing address.

(____) - _____ (____) - _____ (____) - _____
Telephone No. Fax No. Toll Free No.

3. _____
Domicile address (legal presence) State where Organized or Incorporated from. Need completeaddress.

(____) - _____ (____) - _____ (____) - _____
Telephone No. Fax No. Toll Free No.

4. _____
Name, address and telephone number of parent company, if applicable.

(____) - _____ (____) - _____ (____) - _____
Telephone No. Fax No. Toll Free No.

5. If the applicant is not a corporation, describe the nature of the business entity on a separate sheet. If the applicant is a corporation, complete the following:
   a. Name of the corporation _____
   b. State Incorporated _____ and date____/____/____
   c. Date of foreign authorization to conduct business in Arizona ____/____/____

6. _____
Name and address of firm or agency which audits your financial records and provides accounting services:

7. Bond calculation:
   a. AZ Gross annual income as reported on page 4, line 24 of the financial statement enclosed: $ _____
   b. Bond amount required: $ _____

8. Complete (a through f) for Active Manager. (If applicant is other than an individual, the individual in active management who has primary responsibility for the business to be conducted by the applicant):

   a. Name _____

   b. Business address _____

   c. Is active manager also an officer, director or partner of applicant? ☐Yes ☐No If yes, Title _____

   d. Is active manager a U.S. Citizen? ☐Yes ☐No

   e. Have practical experience in the collection agency business? ☐Yes ☐No

   f. Please detail Sole Proprietor/Active Managers experience. (Use separate sheet if necessary)

   _____

   _____

   _____

9. Show current ownership interests to total 100%: (Use a separate sheet if necessary.)

   a. _____
   Name Business address % Owned

   _____
   Other Arizona interests of person named and capacity in each:

   b. _____
   Name Business address % Owned

   _____
   Other Arizona interests of person named and capacity in each:

   c. _____
   Name Business address % Owned

   _____
   Other Arizona interests of person named and capacity in each:

10. Complete the following for the applicant thereof if an individual, for each of the principal officers and directors thereof if a corporation, trustees thereof if a business trust, partners thereof if a partnership, managing agent and any other persons having an interest therein. Provide number of years engaged in the collection agency or similar business for each individual.

    a. _____
    Capacity/Title Name Years in Business

    _____
    Business Address Telephone

    b. _____
    Capacity/Title Name Years in Business

    _____
    Business Address Telephone

    c. _____
    Capacity/Title Name Years in Business

    _____
    Business Address Telephone

d. _____
Capacity/Title | Name | Years in Business

_____
Business Address | Telephone

e. _____
Capacity/Title | Name | Years in Business

_____
Business Address | Telephone

11. List all occupational or professional licenses the applicant or any officer, director, trustee, partner or active manager thereof holds or has held which have been issued by an agency of any state or the US Federal government.

Name on License	Type of License	Name/Address of Agency	Original Issuance	Date Expired

12. List all occupational or professional licenses the applicant or any officer, director trustee, partner or active manager thereof has been refused, denied or had revoked or suspended by an agency of any state of the US Federal government.

Name on License	Type of License	Name/Address of Licensing Agency	Original Action	Date of Action

13. Has applicant or any officer, director, member, partner, trustee, responsible individual or active manager;
    a. been convicted of a criminal offense other than minor traffic violations? ☐Yes ☐No
    (If yes, complete and attach Statements of Personal History for such persons.)
    b. had a final judgment issued in a civil action based on misrepresentation, fraud or deceit? ☐Yes ☐No
    c. filed bankruptcy within the last ten years? ☐Yes ☐No
    d. had interest in or connection with, any other collection agency licensed by the Arizona Superintendent of Financial Institutions? ☐Yes ☐No
    e. had at any time been licensed to conduct the business of a collection agency in this or any other state? ☐Yes ☐No
    f. had at any time been denied, suspended or revoked by this or any other state to conduct the business of a collection agency? ☐Yes ☐No

Complete details *must* be furnished if you answered yes for any of the aforementioned (13 a through f).

14. List branches you are applying for. (Do not list your primary office location as a branch location)

	Address	City	State	Zip Code	Phone
a.					
b.					
c.					

15. I have read and understand the Arizona Revised Statutes and Arizona Administrative Codes applicable to the license for which I have applied for with the Arizona State Banking Department. ☐Yes ☐No

16. Print name of individual to contact regarding the processing of this application:

Name:	
Direct Telephone & Extension:	FAX Number:

VERIFICATION

State of _____)
) ss
County of _____

I, _____, being duly sworn, depose and say that I have signed
Print Name

the foregoing application as _____of the above named applicant, having full
Print Capacity

authority to sign such application in said capacity; that I have read said application and that the information contained therein is true.

_____ _____
Date Signature

Subscribed and sworn to before me this _____ day of _____, 20_____

_____ _____
My commission expires (Notary Public)

To: Collection Agency Licensees

Arizona Administrative Code R20-4-1520 (B) requires a collection agency to maintain a record of fictitious names used by each of its debt collector(s). A copy of the record must also be filed with the Department on July 1 and December 31 of each year.

The record filed with the Department must state the name of the licensee and contain the following information:

1. True name of debt collector.

2. Name used other than true name and inclusive dates the name was/is being used.

3. True physical home address and mailing address of debt collector.

To comply with the provisions of this rule, please complete the form on the reverse side of these instructions and forward to the Department on or before July 1 and December 31.

Keep a copy of this blank form for the above compliance requirement dates.

Please note that each licensee must submit a form even if fictitious names are not used in the Collection Agency.

Thank you for your cooperation.

Licensing Section
Financial Services Division

Collection Agency Application

Fictitious Names Report

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

_____ License #:CA-_____

Name of Licensee

_____

Address City State Zip

Do any of your employees use fictitious names? ☐Yes ☐No If YES, complete the following:

TRUE NAME	FICTITIOUS NAME	DATE USED FROM TO	TRUE HOME & MAILING ADDRESS

(If more space is needed, complete details on a separate sheet and attach to this form.)

_____ _____

Date Signature of Licensee or Active Manager

Collection Agency Application

Personal History Statement

The entries made in this form are subject to verification. Insure that they are complete and accurate since providing false information or omitting significant information in this form is a criminal offense The information entered herein is for official use only and will be maintained in confidence.

Legibly print or type all information. Do not leave any blank spaces. There must be an answer provided for each inquiry. Therefore, if not applicable use "None" or "N/A"
Do not add attachments in lieu of completing our forms.

If additional space is needed after completing the space provided for an inquiry on our form then make additional copies of that page or attach a separate sheet if additional space is still necessary.

A. GENERAL:

1. _____ Mr. Ms. Mrs. _____
   Position (Title/Owner/RI/AM etc.) Circle One Name: Last First Middle
2. _____ ( ) -
   Residence Address: Street City State Zip Res. Phone:
3. Social Security Number: _____ Date of Birth: _____ Place of Birth: _____
4. Alias(es) Nicknames, or changes in name: _____ Maiden Name (if any): _____
5. Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____
6. Scars, Physical Defects, Distinguishing marks: _____
7. Drivers License No. & State of Issue: _____ (Attach a eligible copy of your license)
8. Do you have a history of mental or nervous disorder? ☐Yes ☐No
9. Are you now or have you ever used or been addicted to the use of habit forming drugs such as narcotics or barbiturates? ☐Yes ☐No
10. Have you ever used any narcotic drug, dangerous drug, hallucinatory drug or any other substance deemed to be unlawful to possess or use? ☐Yes ☐No
11. Are you now or have you ever been a chronic user to excess of alcoholic beverages? ☐Yes ☐No
12. Has an order, injunction or judgment, whether or not final, been entered against you in a civil action on account of fraud, misrepresentation or deceit? ☐Yes ☐No

If the answer to any of the above is "Yes", furnish complete details in "Remarks" Section "I" page 3.

13. Are you presently a member of a Military Reserve or National Guard Organization? ☐Yes ☐No
    If "Yes", complete the following. Grade: _____ Unit and Location: _____

B. CRIMINAL RECORD:

Have you ever been;

1. detained, held, arrested, indicted, or summoned into court as a defendant in a criminal proceeding? ☐Yes ☐No
2. convicted, fined or imprisoned or placed on probation? ☐Yes ☐No
3. ordered to deposit bail or collateral for the violation of any law, ordinance, police regulation or military regulation? ☐Yes ☐No
4. detained, held or arrested for a traffic violation? ☐Yes ☐No

If the answer is "Yes" to any of the above questions, complete the following

Date	Offense	Location of Offense	Disposition

(Additional space available in "Remarks" Section "I" page 3)

C. EMPLOYMENT: (Show every employment you have had and all periods of employment for the past ten (10) years in chronological order with the most recent first. You must include complete addresses)

Date From / To	Name and Complete Address of Employer (include street, city, and zip) Resumes or Personal References – Are Not Accepted As Employment Verification	Position/ Title	Supervisor	Reason for Leaving

1. Did any of the above employment's require a security clearance? ☐Yes ☐No
2. Have you ever been refused Bond? ☐Yes ☐No

If the answer is "Yes", to either of the above explain in "Remarks" Section "I" page 3.

D. MEMBERSHIP: (in past and/or present organizations, show all memberships you have had for the past ten (10) years.)

Name of Organization	Type	Date From / To

E. EDUCATION: (Account for all schools attended other than primary grades K-8)

Dates From / To	Name and Location of School	Degree

F. FAMILY: (Identify all family members, including children and siblings)

Relationship	Name	Current Address
Father:		
Mother:		
Spouse: (First and Maiden Name)		
Children/Brothers/Sisters:		

G. RESIDENCES: (Show all residences for the past ten (10) years in chronological order with the most recent first)

Date From / To	Street and Number and City	State and Zip

H. ATTACHMENTS:

1. Have you attached a legible copy of your drivers' license? ☐Yes ☐No
2. Have you attached your completed (according to the fingerprint card instructions) fingerprint card? ☐Yes ☐No
3. A letter of explanation and resolve of any past or current derogatory credit or criminal issues? ☐Yes ☐No ☐N/A

If No, why not?_____

I. REMARKS: (Furnish complete details attach additional sheets if necessary)

Read, sign & notarize both top & bottom portion of this document.

AFFIDAVIT

STATE OF _____
)ss
COUNTY OF _____

I certify that the above entries made by me are true, complete, and correct to the best of my knowledge and belief.

_____ _____
(Date) (Signature)

Notarization of Signature

Subscribed and sworn to before me this _____ day of _____ 20_____

_____ _____
My commission expires: (Notary Public)

AFFIDAVIT (part 2)

STATE OF _____
)ss
COUNTY OF _____

I, (Print Your Name) _____ in connection with (Print Company Name) _____ and pursuant to the provisions of the Arizona Revised Statutes, hereby authorize the Superintendent of Financial Institutions, the Attorney General of Arizona and their agents, to examine or receive a copy of any record maintained by the United States Armed Forces, or any Governmental Body, or any University, College or Board of Education of any state, or any bank or credit agency, relating to me, in the same manner and to the same extent as if I personally applied for the same, and I hereby authorize such records be disclosed or furnished in accordance with any request made by or on behalf of the Superintendent of Financial Institutions, the Attorney General of Arizona or their agents.

_____ _____
(Date) (Signature)

Notarization of Signature

Subscribed and sworn to before me this _____ day of _____ 20_____

_____ _____
My commission expires: (Notary Public)

To the Superintendent of Financial Institutions:

The financial statement of the licensee described below for the period beginning (m/d/y) _____/_____/_____ and ending (m/d/y) _____/_____/_____ is hereby submitted.

Name Of Licensee/Applicant _____

Address _____

City, State & Zip _____

Collection Agency License # CA _____

Information on the financial statement must be for the collection agency only.

Do not include personal items or the consolidation of other businesses.

I. BALANCE SHEET (As of the end of the reporting period).

(A) ASSETS

	Dollars
1. (a) Cash – Client Trust	
(b) Cash – Other	
2. Notes Receivable - Secured	
3. Notes Receivable - Unsecured	
4. Accounts Receivable - Current	
5. Accounts Receivable - Past Due	
6. U. S. Govt. obligations	
7. Real Estate (Part III, line 5)	
8. Stock, bonds & other investments (Part IV, line 9)	
9. Other Assets (Part V, line 9)	
10. TOTAL ASSETS (sum of lines 1 thru 9)	

NOTE:
Line 10 Must Equal Line 25
Line 24 Must Be Positive
Line 1(a) Must be Greater Than or Equal to Line 12(a)

(B) LIABILITIES

	Dollars
11. Notes Payable	
12. (a) Accounts Payable – Client Trust	
12. (b) Accounts Payable – Other	
13. Accrued Taxes	
14. Accrued Interest	
15. Subordinated Notes & Debentures	
16. Due to affiliates	
17. Other liabilities (Part VI, line 7)	
18. TOTAL LIABILITIES (sum of lines 11 thru 17)	

(C) NET WORTH

19. Preferred stock Number of shares outstanding _____ _____
Par value per share _____

20. Common stock Number of shares authorized _____
Number of shares outstanding _____ _____
Par value per share _____

21. Additional paid-in capital _____

22. Retained earnings (deficit) _____

23. Treasury Stock _____

24. TOTAL NET WORTH (sum of lines 19 thru 23) *_____

25. TOTAL LIABILITIES & NET WORTH (sum of lines 18 & 24) _____

II. STATEMENT OF CHANGE IN NET WORTH/EQUITY

	Capital Stock	Additional Paid-in Capital	Retained Earnings (Deficit)	Treasury / Stock	Total Equity
Balance, Beginning					$
Dividends/Distributions					
Net Income (Loss**)					**
Other					
Balance, Ending*					*$

NOTE:
* Ending balance must agree with Line 24 Of Section I (above).
** Net Income must agree with page 4, Line 23

III. SCHEDULE OF REAL ESTATE OWNED

Description & Location	Title & Owner	Cost	Appraisal Value	Mortgages	Tax Value	Insurance
1.						
2.			$	$	$	$
3.			$	$	$	$
4.			$	$	$	$
5. Total Real Estate Owned		$				

IV. SCHEDULE OF STOCKS, BONDS AND OTHER INVESTMENTS

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
1.	$	5.	$
2.	$	6.	$
3.	$	7.	$
4.	$	8.	$
		9. Total Stocks, Bonds and Other Investments	$

V. SCHEDULE OF OTHER ASSETS

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
1.	$	5.	$
2.	$	6.	$
3.	$	7.	$
4.	$	8.	$
		9. Total Other Assets	$

VI. SCHEDULE OF OTHER LIABILITIES

Name of Creditor	Amount	Type of Obligation	Description of of Security	Amount of Security
1.	$			$
2.	$			$
3.	$			$
4.	$			$
5.	$			$
6.	$			$
7. Total Other Liabilities	$			

VII. SCHEDULE OF CONTINGENT LIABILITIES

1. Upon Notes or Accounts Receivable Discounted Sold, or Assigned	$
2. As Guarantor for Other on Notes Bonds Contracts, etc.	

3. Any Other Contingent Liability	
Total Contingent Liabilities	$

VIII. STATEMENT OF INCOME AND EXPENSES

1. Income		
2. Income from Collections	$	
3. Profit (or loss) on investments	$	
4. Income from investments	$	
5. Other Income (Part XI (A), Page 5)	$	
6. Total Income (sum of lines 2 thru 5)		$
7. Expenses		
8. Salaries	$	
9. Accounting Services	$	
10. FICA taxes	$	
11. Other taxes	$	
12. Supplies	$	
13. Depreciation	$	
14. Insurance & bonds	$	
15. Advertising	$	
16. Interest	$	
17. License & examination fees	$	
18. Office expenses	$	
19. Other expenses (Part IX (B), Page 5)	$	
20. Total Expenses (sum of lines 8 thru 19)		$
21. Profit (Loss) (line 6 less line 20)		$
22. Income Taxes		$
23. Net Profit (Loss) (line 21 less line 22) **		$
24. Arizona Gross Annual Income Include in line 6 (above)***		$

Line 23 *must* agree with Part II, page 2 of Financial Statement.

***This figure to be used to calculate the amount of your required surety bond.

XI. (A) SCHEDULE OF OTHER INCOME (Part VIII, Line 5):

Detail all items that exceed 10% of total "Other Income":

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

All other income _____

Total Other Income _____

(B) SCHEDULE OF OTHER EXPENSES (Part VIII, Line 19):

Detail all items that exceed 10% of total "Other Expenses":

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

All other expenses _____

Total Other Expenses _____

Date: _____

Prepared by: _____ Phone #:_____

VERIFICATION

State of _____)
) ss
County of _____

I, (name of person signing financial statement) _____ being duly sworn, depose and say that I have personal knowledge of the matters contained in and attached to this financial statement and everything contained therein is true and correct to the best of my knowledge and belief and that I have signed this financial statement as (official capacity) _____ of the above named applicant/licensee, having full authority to sign such financial statement in said capacity.

_____
SIGNATURE

Subscribed and sworn to before me this _____ day of _____, 20 _____.

_____
NOTARY PUBLIC

(Notarial Seal)
My commission expires _____

DO NOT SEND TO IRS

Vendor MUST Print or Type information

STATE OF ARIZONA

SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print or Type information

Taxpayer Identification Number (TIN)

TIN Type: ◯ Employer Identification Number (EIN) ◯ Social Security Number (SSN)

State of Arizona HRIS EIN
State of Arizona Employees ONLY

Legal Name
Must match TIN above

Entity Type Select one of the following

- ◯ Corporation (NOT providing health care, medical or legal services) (5A)
- ◯ Corporation (providing health care, medical or legal services) (5M)
- ◯ Partnership, LLP (5T)
- ◯ PLLC, LLC (5C)
- ◯ Individual/Sole Proprietor (6I)
- ◯ The US or any of its political subdivisions or instrumentalities (2G)
- ◯ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)
- ◯ Tax-exempt organization under IRC §501 (5O)
- ◯ An international organization or any of its agencies or instrumentalities (5U)
- ◯ State of Arizona employee (1E)
- ◯ Other, Tax reportable entity (5P)

Minority Business Indicator Select one of the following

- ◯ Small Business (01)
- ◯ Small Business- African American (23)
- ◯ Small Business- Asian (24)
- ◯ Small Business - Hispanic (25)
- ◯ Small Business- Native American (27)
- ◯ Small Business- Other Minority (05)
- ◯ Small, Woman Owned Business (06)
- ◯ Small, Woman Owned Business- African American (29)
- ◯ Small, Woman Owned Business- Asian (30)
- ◯ Small, Woman Owned Business- Hispanic (31)
- ◯ Small, Woman Owned Business- Native American (33)
- ◯ Small, Woman Owned Business- Other Minority (11)
- ◯ Woman Owned Business (03)
- ◯ Woman Owned Business- African American (17)
- ◯ Woman Owned Business- Asian (18)
- ◯ Woman Owned Business- Hispanic (19)
- ◯ Woman Owned Business- Native American (21)
- ◯ Woman Owned Business- Other Minority (08)
- ◯ Minority Owned Business- African American (04)
- ◯ Minority Owned Business- Asian (32)
- ◯ Minority Owned Business- Hispanic (74)
- ◯ Minority Owned Business- Native American (15)
- ◯ Minority Owned Business- Other Minority (02)
- ◯ Non-Profit, IRC §501(c) (88)
- ◯ Non-Small, Non-Minority or Non-Woman Owned Business (00)

Main Address Where tax information and general correspondence is to be mailed

DBA\Branch\Location

Address

Address continued

City State Zip code

Remit to Address ☐ Same as Main

DBA\Branch\Location

Address

Address continued

City State Zip code

Contact Information

Name

Phone # EXT

Fax

email

Certification

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
3. I am a U.S. person (including U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature Title Date

STATE OF ARIZONA **AGENCY** USE ONLY — VENDOR: DO NOT WRITE BELOW THIS LINE

AGY Agency Authorization Phone # Date

STATE OF ARIZONA **GAO** USE ONLY — VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching ☐ Corporation Commission ☐ HRIS ☐ Other ☐ Other

Vendor Number MC Processed by Date Processed

GAO-W-9 Revised 4/18/05