IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 425/1 et.seg. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

EMPLOYEE IDENTITY LISTING COLLECTION AGENCY

SUPPORTING DOCUMENT

EL-COL

PART I: Collection Agency Identifying Information - This form must accompany the initial Application for Registration as a Collection Agency. It may also be used to update data with the Department of Financial and Professional Regulation when you change an employee's fictitious name identity. You are authorized to photocopy this form as necessary.

A. COLLECTION AGENCY LEGAL NAME (As it is to appear on Certificate of Registration)

B. FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER OR ITIN

C. ILLINOIS COLLECTION AGENCY REGISTRATION NUMBER (If new application, write N/A.) **017-**

PART II: Fictitious Names - List all fictitious names used by your agency collectors along with the collectors' real names.

FICTITIOUS NAME	ACTUAL NAME	ADD	CHANGE	DELETE

PART III: Certifying Statement

Under penalties of perjury, I declare that I have examined this document, that the answers appearing hereon are true and correct to the best of my knowledge and belief, and that I am legally authorized to sign for this agency.

Date

Signature of Owner, Partner, or Corporate Officer of Agency