

BRANCH OFFICE APPLICATION COLLECTION AGENCY

FOR OFFICIAL USE ONLY

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.

INSTRUCTIONS

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| <ol style="list-style-type: none"> 1. Each branch office must have the same identical NAME and OWNERSHIP as that of the parent collection agency whose registration is shown in PART II below. A different name or different ownership will require separate registration and a new Application for Registration, Collection Agency form (IL486-0094), must be submitted. 2. Carefully complete the information below. SPECIAL NOTE should be given to the areas designated for the Collection Agency AS OPPOSED TO the Branch Office. FAILURE TO COMPLETE THE FORM PROPERLY WILL RESULT IN THE ISSUANCE OF AN INCORRECT BRANCH OFFICE REGISTRATION, and the agency will incur the cost of the production of a corrected registration. 3. Post office numbers are not acceptable for a main office | <p>address OR a branch office address.</p> <ol style="list-style-type: none"> 4. The Manager/Administrator-in-Charge (PART II, H) of each branch office must also file Supporting Document PH-COL (IL486-0093). 5. For submissions postmarked on or after January 1, 1996, each branch office application must be accompanied by a \$250 registration fee which is not refundable. Make checks payable to the Department of Financial and Professional Regulation. 6. Submit application, supporting documentation and fee to: Illinois Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, 320 West Washington, Springfield, IL 62786. |
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PART I: Application Category Information

A. PROFESSION NAME: COLLECTION AGENCY	B. PROFESSION CODE: 09	C. TYPE OF APPLICATION BRANCH LOCATION	D. FEE \$250
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PART II: Identifying Information

A. COLLECTION AGENCY NAME (As it is to appear on Certificate of Registration)	B. FEIN NUMBER (IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER)
C. BRANCH OFFICE HEADQUARTERS ADDRESS (Include Street Address, City, State, and ZIP Code)	D. COLLECTION AGENCY REGISTRATION NUMBER OF 017 -
	E. TELEPHONE NUMBER (Include Area Code)
F. COUNTY IN WHICH BRANCH IS LOCATED	G. TYPE OF OWNERSHIP <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company
H. MANAGER/ADMINISTRATOR-IN-CHARGE	I. E-MAIL ADDRESS (REQUIRED)

PART III: Certifying Statement

Under penalties of perjury, I declare that I have examined this application, that the answers appearing herein 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

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the requested fee thereunder, but in no event shall such reduction be made in an amount greater than \$50.

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PERSONAL/EMPLOYMENT HISTORY COLLECTION AGENCY

SUPPORTING DOCUMENT

PH-COL

PART I: Complete the top portion of this form. Have the owner, partner, officer of the Collection Agency owning 10%, person(s) exercising managerial control, or those listed on the TR-COL who draw on the trust account(s) complete the remainder of the form. You are authorized to photocopy this form as necessary.

A. COLLECTION AGENCY NAME (As it is to appear on Certificate of Registration)	B. FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER
C. COLLECTION AGENCY MAIN ADDRESS (Include Street Address, City, State, and ZIP Code)	D. ILLINOIS COLLECTION AGENCY REGISTRATION NUMBER (If new application, write N/A.) <div style="text-align: center; font-weight: bold; font-size: 1.2em;">017-</div>
E. TELEPHONE NUMBER (Include Area Code)	F. COUNTY
G. MANAGER/ADMINISTRATOR-IN-CHARGE	H. TYPE OF OWNERSHIP <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company
I. NAME OF OWNER IF SOLE PROPRIETORSHIP	

PART II: This portion is to be completed by the owner, partner, officer or person of the Collection Agency owning 10% or more of the stock, person(s) exercising managerial control or those listed on the TR-COL who draw on the trust account(s) or if a separate legal entity, all persons owning 10% or more ownership interest.

A. NAME (Last, First, Middle Initial)	B. TITLE OR POSITION HELD WITH AGENCY	
C. RESIDENCE ADDRESS (Include Street, City, State, and ZIP Code)	D. SOCIAL SECURITY NUMBER	
	E. DATE OF BIRTH	F. WHAT PERCENTAGE OF AGENCY DO YOU OWN?

G. PERSONAL HISTORY QUESTIONS				YES	NO
1.	Have you or the corporation been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i>				
2.	Have you ever been an owner, partner, corporate officer of a Collection Agency, or a corporation which has been denied a professional license or permit, or had a license or permit ever disciplined by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>				
3.	Have you ever been adjudicated bankrupt? Please submit certified copies of the court records including the nature of the bankruptcy, date of discharge and statement. If yes, record date of bankruptcy: _____ Court of Jurisdiction: _____				
4.	Do you have any unsatisfied judgments outstanding against you? <i>If yes, complete the following:</i>				
	Name of Creditor	Date of Judgment	Court Where Entered	Legal basis for Judgement	

Name of
Collection Agency:

FEIN or SS#:

Profession Name: COLLECTION AGENCY

H. LIST ALL EMPLOYMENT IN THE LAST 10 YEARS

NAME OF BUSINESS AND ADDRESS (Include Street, City, State, Zip Code)	POSITION	DATES OF EMPLOYMENT	DUTIES

PART III: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order? Yes No
 (NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes? Yes No

PART IV: Certifying Statement

Under penalties of perjury, I declare that I have examined this supplemental application, that the answers appearing hereon are true and correct to the best of my knowledge and belief, and that I am the person listed in Part II, A, above

_____ Date _____ Signature of Owner, Partner, or Corporate Officer of Agency