

**Arkansas State Board of Collection Agencies**  
523 South Louisiana Street, Suite 460  
Little Rock, AR 72201  
501-376-9814 Phone Number  
501-372-5383 Fax Number

**2017 – 2018 LICENSE RENEWAL APPLICATION**

License #

**SECTION 1 - COLLECTION AGENCY INFORMATION:**

**(A) AGENCY NAME and ADDRESS:**

Agency Name

Doing business as (d/b/a)

Name to Appear on the License

Website Address

Mailing Address

City  State  Zip  Country

Mailing Address Phone #  Fax #

Physical Location Street Address

City  State  Zip  Country

Physical Location Phone #  Fax #

**(B) CONTACT PERSONS:**

1. Licensing  Email Address

Phone #  Extension  Fax #

Employer (If not agency name listed above)

2. Compliance  Email Address

Phone #  Extension  Fax #

Employer (If not agency name listed above)

**(C) MANAGER: (A NEW manager must complete a Proposed Manager Information Form, found at [www.asbca.org](http://www.asbca.org).)**

Manager's Name  Email Address

Manager's Home Address

City  State  Zip  Country

Manager's Home Phone #  Work Phone #  Work Fax #

**(D) ORGANIZATION and OWNERSHIP:**

1. Sole Proprietorship  Partnership  Corporation  Trust  LLC  LP  Other

Describe Other

2. List all changes in ownership and/or management since June of last year:

**(E) NAMES and ALIASES of ALL EMPLOYEES who COLLECT or SOLICIT ACCOUNTS: (Attach additional sheets if necessary. Each sheet MUST provide the agency name, the license number and the physical location.)**

**SECTION 2 - INTERROGATORIES - SINCE JULY 1, 2016:**

*(If an answer to a question is "yes", explain the circumstances fully using additional sheets as necessary.)*

(A) Has any manager, operator, partner, officer, director, or owner been convicted in any state or federal court of any crime (not including motor vehicle traffic misdemeanors)?

Yes  No

(B) Has the agency or any manager, partner, director or owner ever been denied a license (except motor vehicle) by any governmental or regulatory agency, or has any business license or the like been denied, revoked or suspended?

Yes  No

(C) Has there been any type of litigation filed against the agency or any manager, operator, partner, director or owner in connection with the business of debt collections?

Yes  No

(D) Has the agency or any manager, partner, director or owner ever been the subject of any actions (cease and desist orders, consent orders, injunctions, license suspension or revocation, etc.) by any governmental or regulatory agency?

Yes  No

**SECTION 3 - REQUIRED FEES:**

Agency Fee: \$ 125.00

Manager Fee: \$ 20.00

# of Collectors and Solicitors:  x \$20 = \$

Late Fees: (after July 15th) \$ 125.00

**TOTAL REMITTED** \$

**SECTION 4 - AFFIRMATION:**

I hereby affirm that this application and its related documents are submitted in compliance with Arkansas Code Annotated §17-24-101 *et. seq* and the information provided herein is true, correct and complete. I affirm that this licensee's clients have been provided with the information required by Arkansas Code §17-24-310.

Date    
(Collection Agency Name)  
  
(Signature)  
  
(Printed Name)  
  
(Title/Official Capacity)

**ACKNOWLEDGMENT**

State of

County of

Sworn to and subscribed before me on the  day of , 2017.

(Notary Public)

(SEAL)

My commission expires on: