

# ARKANSAS STATE BOARD OF COLLECTION AGENCIES

523 South Louisiana, Suite 460  
Little Rock, AR 72201

Telephone: (501) 371-1438

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## PROPOSED MANAGER INFORMATION

**1. COLLECTION AGENCY NAME** \_\_\_\_\_

Phone \_\_\_\_\_

Physical Location \_\_\_\_\_

Mailing Address \_\_\_\_\_

**2. PROPOSED MANAGER**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Residence Address \_\_\_\_\_

For how long? \_\_\_\_\_ Years \_\_\_\_\_ Months Spouse's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN \_\_\_\_\_

**3. EMPLOYMENT HISTORY:**

List the last four years' of employment.

<u>Name of Employer and Address</u>	<u>Dates</u>	<u>Type of Business</u>	<u>Position</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**4. AUTHORITY TO OBTAIN INFORMATION**

I, the undersigned, hereby authorize the Arkansas State Board of Collection Agencies to make reasonable inquiries of any law enforcement agency, financial institution, credit bureau or other similar entity for the purpose of determining my financial condition, criminal history, business experience, financial responsibility, competence, and/or character and fitness in connection with the engagement in the business of consumer and/or commercial collections. I hereby give my consent for the release of any inquiry results and/or background checks to the Arkansas State Board of Collection Agencies.

Date \_\_\_\_\_

\_\_\_\_\_  
Proposed Manager's Signature

\_\_\_\_\_  
Printed Name

Acknowledgment

State of \_\_\_\_\_

County of \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:

\_\_\_\_\_

(SEAL)

**5. INTERROGATORIES**

(Please answer each question with "yes" or "no". If your answer is "yes" please give an explanation. Attach additional pages if necessary.)

\_\_\_\_\_ (1) Have you ever been convicted of a felony?

\_\_\_\_\_ (2) Are you a law enforcement officer?

\_\_\_\_\_ (3) Are there any criminal charges pending against you?

\_\_\_\_\_ (4) Have you ever been convicted of a crime involving moral turpitude?

\_\_\_\_\_ (5) Were you ever an owner, partner, officer, director or manager of a business which was adjudicated as bankrupt or for which a receiver was appointed?

\_\_\_\_\_ (6) Have you ever been involved in any civil litigation arising out of the collection agency business?

\_\_\_\_\_ (7) Have you ever defaulted in the payment of money collected from others?

(8) What experience do you have in the collection agency business? \_\_\_\_\_

\_\_\_\_\_

(9) What objective evidence do you have to verify your knowledge of the Fair Debt Collection Practices Act? \_\_\_\_\_

\_\_\_\_\_

\* \* \*

I certify that the above and/or attached answers, representations and statements are true and correct to the best of my information, knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Acknowledgment

State of \_\_\_\_\_

County of \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires

(SEAL)

\_\_\_\_\_