

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

2018 – 2019 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.)

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, 2017:

(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 , 2018.

(Notary Public)

(SEAL)

My commission expires on: