

Arkansas State Board of Collection Agencies
900 West Capitol Avenue, Suite 400
Little Rock, Arkansas 72201-9707
501-376-9814 Phone Number
501-372-5383 Fax Number

PROPOSED MANAGER INFORMATION

A. COLLECTION AGENCY INFORMATION:

License # _____

Agency Name _____

DBA Name _____

Mailing Address _____

City _____ State _____ Zip Code _____ Country _____

Phone Number _____ Fax Number _____

Physical Location _____

City _____ State _____ Zip Code _____ Country _____

Phone Number _____ Fax Number _____

B. PROPOSED MANAGER:

Full Name with Suffix _____

Direct Work Phone _____ Work Fax _____

Email Address _____

Home Address _____

City _____ State _____ Zip Code _____ Country _____

Date of Birth _____ Place of Birth _____ SSN# _____

C. EMPLOYMENT HISTORY:

List the last four years of employment history. Attach separate sheets if necessary.

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

D. INTERROGATORIES:

Please answer each question with “yes” or “no”. If your answer is “yes”, please give an explanation. Attach additional sheets if necessary.

- _____ (1) Are you 21 years of age or older?
- _____ (2) Are you a current law enforcement officer?
- _____ (3) 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?
- _____ (4) Have you ever been involved in any civil litigation arising out of the collection agency business?
- _____ (5) Have you ever defaulted in the payment of money collected from others?
- (6) What experience do you have in the collection agency business? _____

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

E. FEES:

If your agency currently holds an Arkansas collection agency license and you are simply changing managers, please send with this form a single \$20 check payable to the *Arkansas State Board of Collection Agencies*.

NOTE: If you do not have a current license in Arkansas and are submitting this form along with a license application, you do not need to submit the \$20 fee because it is included in the license application form.

F. AUTHORIZATION AND AFFIRMATION:

I, the undersigned, hereby authorize the Arkansas State Board of Collection Agencies to make reasonable inquiries of any financial institution, credit bureau or other similar entity for the purpose of determining my financial condition, business experience, financial responsibility, or competence required 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.

I hereby affirm that this application and/or any related attachments are submitted in compliance with Arkansas Code Annotated §17-24-101 et seq and the information provided herein is true, correct and complete. I also affirm that this agency's clients will be provided with the information required by Arkansas Code Annotated §17-24-310.

Date: _____

(Proposed Manager's Signature)

(Printed Name)

ACKNOWLEDGMENT

State of _____

County of _____

SWORN TO AND SUBSCRIBED before me on the _____ day of _____, 2____.

(Notary Public)

(SEAL)

My commission expires:
