

**Arkansas State Board of Collection Agencies**  
**900 West Capitol Avenue, Suite 400**  
**Little Rock, Arkansas 72201-9707**  
**501-371-1434 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:

\_\_\_\_\_