

**BRANCH OFFICE REGISTRATION FORM FOR
COLLECTION AGENCIES, DEBT/CREDIT COUNSELORS, DEBT SETTLEMENT COMPANIES, DEBT
BUYERS, AND CREDIT REPAIR ORGANIZATIONS
FORM CA3 INSTRUCTIONS**

A. GENERAL INSTRUCTIONS

1. **FILING** – Form CA3 is the Branch Office Registration Form accompanying the Form CA1- License Application Form for Collection Agencies, Debt/Credit Counselors, Debt Settlement Companies, Debt Buyers, & Credit Repair Organizations.
2. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
3. **EXECUTION** – The execution section must be completed by an authorized representative of the *applicant/licensee*.
4. **DATES** – The filing date is the date *applicant* submits this form to the Idaho Department of Finance. The desired effective date is the date *applicant/licensee* would like this registration or amendment to become effective.
5. **AMENDMENTS** – The *applicant/licensee* must update information about a branch office by submitting amendments using Form CA3. When making changes to an existing branch registration, check the “amendment” box on line 1, provide all previous information in items 2a through 6a, filing and effective dates, license number where applicable, and complete only the information that is being amended in item(s) 2b through 6b or 7 through 11.
6. **CONTACT EMPLOYEE** – The individual listed on the *applicant's* Form CA1 (company's main office) as the contact employee will be contacted by the Idaho Department of Finance, if needed, about this branch Form CA3.
7. **RECORDS** – Please identify where records will be kept if the *applicant/licensee* intends to maintain records for the branch office at a location other than the main address of the *applicant/licensee* or the location specified in item 2(C) on Form CA1.
8. **SURRENDER / CANCEL**– When an *applicant/licensee* decides to cease operations under this branch registration, at one or more branch locations, use the Form CA3 to notify the Idaho Department of Finance by checking the “surrender” box and completing only items 2, 7, and 8. Submit a separate Form CA3 for each branch registration that is being surrendered. Use the Form CA1 to notify the Department if the entire company will cease operations under the license/registration.

B. FILING INSTRUCTIONS

1. **FORMAT**
 - A. Form CA3 may accompany a new company filing with Form CA1, or may follow the Form CA1 at a later date. A fully completed Form CA3 must be submitted when the *applicant* is filing for branch registration the first time.
 - B. The Execution section must include a notarized original manual signature for the initial Form CA3 filing for each branch office.
 - C. Type or print all information clearly and legibly.
 - D. Use only the current version of Form CA3.
2. **ATTACHMENTS**
 - A. Responsible Person in Charge (RPIC): This person must demonstrate a minimum of three (3) years' experience specifically related to the type of business conducted by the licensee under the Idaho Collection Agency Act. This person does not have to be an owner, officer, member, partner or director. This person does not have to physically work from the main licensed office location; however, if the RPIC works from any other location, a toll-free number to reach this person during normal business hours must be provided to Idaho debtors and the Department. A résumé that includes *detailed job descriptions, duties or experience in each* of the business activities to be conducted under this license may be used to demonstrate the required experience in the business activities to be conducted by the RPIC.
 - B. File a Form CA2 for the RPIC if different than the RPIC filed in Form CA1.
 - C. Provide a file-stamped copy of the Certificate of Assumed Business Name issued by the Idaho Secretary of State (IDSOS) for use of any fictitious, trade or “doing business as” name(s) to be used in Idaho at this branch location if not previously filed and approved with the Department. Contact the IDSOS at 208.334.2300 for filing information.
 - D. Individual(s) having contact with Idaho debtors or businesses while conducting business activities covered by the Idaho Collection Agency Act must be registered on the Notification of Agents/Collectors Form and pay a \$20 Registration Fee *per person* (this is an annual fee after initial payment at the time of registration).
 - E. There is no application fee for a branch registration.

C. EXPLANATION OF TERMS – The following terms are italicized throughout Form CA3

APPLICANT – The collection agency, debt counselor, credit counselor, debt settlement company, debt buyer or credit repair organization applying on or amending information on this form for a branch registration. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

PERSON –An individual, partnership, corporation, trust or other organization.

FORM CA3	BRANCH OFFICE REGISTRATION FORM FOR COLLECTION AGENCIES, DEBT/CREDIT COUNSELORS, DEBT SETTLEMENT COMPANIES, DEBT BUYERS, AND CREDIT REPAIR ORGANIZATIONS	<input type="checkbox"/> COLLECTION AGENCY <input type="checkbox"/> DEBT SETTLEMENT <input type="checkbox"/> DEBT BUYER <input type="checkbox"/> DEBT/CREDIT COUNSELOR <input type="checkbox"/> CREDIT REPAIR
<i>Applicants full legal name:</i> _____ Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____		

1.	<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> AMENDMENT <i>Complete "b" for the item(s) being amended.</i> <input type="checkbox"/> SURRENDER/CANCEL <input type="checkbox"/> OTHER _____	
2a.	_____ Physical address (Number and Street) _____ Physical City, State/Country, Zip+4/Postal Code	2b. _____ NEW Physical address (Number and Street) _____ NEW Physical City, State/Country, Zip+4/Postal Code
3a.	_____ Mailing address or P.O. Box (if different from Physical) _____ Mailing address City, State/Country, Zip+4/Postal Code	3b. _____ NEW Mailing address or P.O. Box (if different from Physical) _____ NEW Mailing address City, State/Country, Zip+4/Postal Code
4a.	(____) - _____ ext _____ Business (Area Code) and Telephone Number (____) - _____ Fax (Area Code) and Number and email address _____ Branch website (list all websites used by the branch to solicit debtors and business clients)	4b. (____) - _____ ext _____ NEW Business (Area Code) and Telephone Number (____) - _____ NEW Fax (Area Code) and Number and email address _____ NEW Branch website
5a.	_____ Other Trade names or "dba" used at this branch	5b. _____ NEW Trade name or "dba" used at this branch
6a.	Each branch must have at least one Responsible Person in Charge (RPIC) with a completed and filed Form CA2. _____ Branch Responsible Person Name	6b. _____ NEW Branch Responsible Person Name

EXECUTION: The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said *applicant* and agrees to and represents the following:

- (1) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete;
- (2) To the extent any information previously submitted is not amended such information is currently accurate and complete;
- (3) That the Idaho Department of Finance may conduct any investigation in accordance with state law, into the background of the *applicant* for purposes of this registration;
- (4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis;
- (5) To keep accurate books and records or otherwise comply with the provisions of law pertaining to the conduct of business for which the *applicant* is applying.

	_____ Date (MM/DD/YYYY)	_____ Signature of <i>applicant's</i> representative
Notary seal here	Signed or attested before me: _____ Print Notary Public name on this _____ day of _____, Date Month Year State County	by _____ Print <i>applicant's</i> representative name at _____ Year State County
	_____ Notary Public signature	_____ Notary Appointment Expires (MM/DD/YYYY)

This execution must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.

Applicant full legal name: _____

7. Physical address of location where the official books and records generated by this branch office will be kept.

Check here if same as previously specified principal records location (Item 2C on Form CA1). If multiple custodians maintain records for this branch, attach a separate sheet and indicate the types of records each custodian keeps.

Records Custodian Name	() Business Phone	() Fax Line	e-mail address
Number & Street	City	State / Province & Country	Zip+4 / Postal Code

8. Enter appropriate number in the box(es) for each *jurisdiction*:

Use the **CA** box for collection agency/debt buyer, the **DCC** box for debt/credit counselor or Debt Settlement, and the **CR** box for credit repair.

Enter "1" if *applicant* is **newly applying** in that *jurisdiction*
 Enter "2" if *applicant* has a **pending application** in that *jurisdiction*
 Enter "3" if *applicant* is **already licensed/registered** in that *jurisdiction*
 Enter "4" if *applicant* is **surrendering/canceling** in that *jurisdiction*
 Enter "5" if *applicant* was **formerly licensed/registered** in that *jurisdiction*

	CA	DCC	CR		CA	DCC	CR		CA	DCC	CR		CA	DCC	CR	DCC	CR
Alabama				Idaho				Montana				Rhode Island					
Alaska				Illinois				Nebraska				South Carolina					
Arizona				Indiana				Nevada				South Dakota					
Arkansas				Iowa				New Hampshire				Tennessee					
California – DOC				Kansas				New Jersey				Texas – OCCC					
California – DRE				Kentucky				New Mexico				Texas – SML					
Colorado				Louisiana				New York				Utah					
Connecticut				Maine				North Carolina				Vermont					
Delaware				Maryland				North Dakota				Virginia					
District of Columbia				Massachusetts				Ohio				Washington					
Florida				Michigan				Oklahoma				West Virginia					
Georgia				Minnesota				Oregon				Wisconsin					
Guam				Mississippi				Pennsylvania				Wyoming					
Hawaii				Missouri				Puerto Rico									

9.	Will this branch office and/or individuals at this branch office operate pursuant to a written agreement or contract with the main office?	Y	N
10.	Will this branch office have sole responsibility for decisions relating to individuals collecting, settling debt, repairing credit, counseling or soliciting debtors or businesses for collection-related services: (a) with respect to employment? (b) with respect to compensation?	Y Y Y	N N N