

C.L. "BUTCH" OTTER
GOVERNOR
GAVIN M. GEE
DIRECTOR

STATE OF IDAHO
DEPARTMENT OF FINANCE
IDAHO COLLECTION AGENCY ACT
ANNUAL/QUARTERLY NOTIFICATION OF AGENTS/COLLECTORS



NOTE: IF YOU ARE REPORTING >100 AGENTS YOU MUST FILE ELECTRONICALLY IN ACCESS IDAHO

If reporting terminated agents, or those no longer conducting Idaho activities, please check the box below

LICENSE NO. _____
 NMLS # (if appl.) _____ DATE: _____ QUARTERLY REPORT: _____ YEAR _____
 NAME OF LICENSEE _____
 STREET _____
 CITY, STATE, ZIP _____
 NAME OF AUTHORIZED SIGNATURE (Print clearly) _____
 SIGNATURE _____

JUN 15 _____
 SEP 15 _____
 DEC 15 _____
 NEW APPL. _____
 ANNUAL REPORT
 (Report All Active Agents): MARCH 15, 20 _____

Applicant/Licensee agrees to be responsible, under Title 26, Chapter 22, Idaho Code, for acts of Agent(s) while said Agent(s) is employed by the Licensee. Licensee certifies that Agent(s) has been instructed as to the requirements of the Idaho Collection Agency Act and the Fair Debt Collection Practices Act and that Agent(s) has a reasonable understanding and will comply with same.

DISCLOSURES: IF ANSWERED YES BELOW, THE AGENT MUST SUPPLY A SIGNED, DETAILED WRITTEN EXPLANATION ALONG WITH SUPPORTING COURT DOCUMENTS.

FELONY: Within the past ten (10) years have you been convicted of or plead guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?

MISDEMEANOR: Within the past ten (10) years have you been convicted of or plead guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a misdemeanor involving: Collection, Credit Repair, Debt/Credit Counseling, Debt Buying, Debt Settlement, Financial Services or a Financial Services related business?

Listing Order: List newly activated agents first; then list all newly terminated agents on all reports.

**SS# OR COUNTRY
PERSONAL IDENTIFICATION
NUMBERS**

PLEASE TYPE THE AGENT NAME IN ALPHABETICAL ORDER BY LOCATION AND LISTING THE RPIC FIRST. LAST, FIRST, (M)	YES ✓ FELONY	YES ✓ MISDEMEANOR	GROUP BY LOCATION CITY & STATE OF OFFICE	U.S. - SOCIAL SECURITY #	NON-U.S. INDIVIDUAL IDENTIFICATION NUMBER	DATE OF BIRTH mm/dd/yy	IDAHO ACTIVATION DATE mm/dd/yy	IDAHO ACTIVITY TERM DATE mm/dd/yy	DESK NAME or ALIAS, IF USED	\$20 FEE
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CONSUMER FINANCE BUREAU
800 PARK BLVD STE 200 BOISE, ID 83712
P. O. BOX 83720 BOISE, ID 83720-0031
COLLECTIONS@FINANCE.IDAHO.GOV

	PLEASE TYPE THE AGENT NAME ALPHABETICAL ORDER BY LOCATION LAST, FIRST, (M)	IF YES ✓ FELONY	IF YES ✓ MISDEMEANOR	GROUP BY LOCATION CITY & STATE OF OFFICE	U.S. - SOCIAL SECURITY #	NON-U.S. INDIVIDUAL IDENTIFICATION NUMBER	DATE OF BIRTH mm/dd/yy	IDAHO ACTIVATION DATE mm/dd/yy	IDAHO ACTIVITY TERM DATE mm/dd/yy	DESK NAME or ALIAS, IF USED	\$20 FEE
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	Total										0

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