

C.L. "BUTCH" OTTER
GOVERNOR

STATE OF IDAHO
DEPARTMENT OF FINANCE

Idaho
Collection Agency
2011 Renewal

GAVIN M. GEE
DIRECTOR

DUE 03/15/2011
<http://finance.idaho.gov>

INSTRUCTIONS FOR COMPLETION OF THE MARCH 15, 2011 RENEWAL

- LICENSE NUMBERS ARE AVAILABLE ON THE DEPARTMENT'S WEBSITE AT <http://finance.idaho.gov> .
NO PAPER LICENSE WILL BE ISSUED UPON COMPLETION OF THE RENEWAL. VERIFICATION OF A COMPLETED RENEWAL WILL BE REFLECTED WITH THE DISPLAY OF THE NEW EXPIRATION DATE OF MARCH 15, 2012.
- PROVIDE A COMPLETE ANNUAL/QUARTERLY NOTIFICATION OF COLLECTORS/AGENTS FORM FOR ALL ACTIVE COLLECTORS/AGENTS, INCLUDING THE RPIC. YOU MAY DOWNLOAD THE EXCEL SPREADSHEET FROM THE OUR WEBSITE AT <http://finance.idaho.gov>. OPEN UP THE EXCEL SPREADSHEET AND SAVE IT TO YOUR SYSTEM. THEN REOPEN THE SPREADSHEET TO MAKE ALL ENTRIES. "SEE ATTACHED" WILL NOT BE ACCEPTED. FOLLOW THE "ANNUAL REPORT INSTRUCTIONS". THE FORM MUST REMAIN IN 8½ X 11 LANDSCAPE FORMAT AND THE FONT MUST REMAIN AT A MINIMUM OF 10 PITCH.
- SUBMIT NEW BOND OR BOND RIDER, IF REQUIRED BY CHANGE IN COVERAGE, BY MARCH 15, 2011.
- SUBMIT \$100 RENEWAL FEE PAYABLE TO THE IDAHO DEPARTMENT OF FINANCE.
- SUBMIT \$20 FOR EACH ACTIVE PERSON LISTED ON THE QUARTERLY NOTIFICATION FORM INCLUDING THE RPIC. SUBMIT ONE CHECK FOR THE TOTAL AMOUNT PAYABLE TO THE IDAHO DEPARTMENT OF FINANCE.
- **RENEWALS AND ANY ADDITIONAL DOCUMENTS AND PAYMENT MUST BE POSTMARKED NO LATER THAN MARCH 15, 2011.**
- IF THE RENEWAL FORM OR ADDITIONAL SUBMISSIONS ARE POSTMARKED AFTER **MARCH 15, 2011**, YOUR LICENSE WILL EXPIRE BY OPERATION OF LAW. ANY AND ALL COLLECTION ACTIVITY WITHIN THE STATE OF IDAHO SHOULD CEASE UNTIL PROPERLY LICENSED. CONDUCTING LICENSABLE ACTIVITIES UNDER THE ACT IN IDAHO WITHOUT A CURRENT LICENSE CARRIES CIVIL AND CRIMINAL PENALTIES.
- *Definitions of activities identified in questions 6 and 7 on page 3 (may not be all inclusive):*
 - ✓ **Third Party Collection**—collects monies due from a debtor for payment to an owed creditor/provider
 - ✓ **Active Debt Buyer**---purchases defaulted debt and direct collects or sues in own name
 - ✓ **Passive Debt Buyer**---purchases defaulted debt and outsources collection and/or sues under third party
 - ✓ **Social Security Payee**---has met qualifications with Social Security to be the receiver of another party's benefits while managing the debts and obligations for that third party
 - ✓ **Credit Repair**---contracts with debtors to advise on or effect changes or corrections to debtors credit reports
 - ✓ **Debt/Credit Counseling**---contracts with debtors to receive monies to prorate a debt owed, or effect adjustment or a compromise settlement of a debt owed by the debtor, or counsel debtor in the management of debt
- **MAKE SURE THAT YOU SEND THE FOLLOWING FOR YOUR RENEWAL**
 - RENEWAL APPLICATION - SIGNED
 - LIST OF ALL BRANCHES
 - FEE OF \$100.00 FOR RENEWAL
 - NOTIFICATION OF COLLECTORS/AGENTS FORM – COMPLETE AND SIGNED
 - FEE OF \$20.00 FOR EACH ACTIVE AGENT, NEW AGENT FROM 12-16-10 TO 3-15-11 AND RPIC
 - ALL FORMS CA2 OR CA3 AS APPLICABLE

Regular Mail:
Department of Finance
Consumer Finance Bureau
P O Box 83720
Boise ID 83720-0031

Overnight Mail:
Department of Finance
Consumer Finance Bureau
800 Park Blvd., Ste 200
Boise ID 83712

<http://finance.idaho.gov>
Phone: 208-332-8002, Option 4
Fax: 208-332-8096

C.L. "BUTCH" OTTER
GOVERNOR

STATE OF IDAHO
DEPARTMENT OF FINANCE

Idaho
Collection Agency
Debt/Credit Counselor
Debt Buyer
Credit Repair
2011 Renewal

GAVIN M. GEE
DIRECTOR

DUE ON OR BEFORE 03/15/2011
<http://finance.idaho.gov>

Entity Name: _____

Address: _____

City, State, Zip: _____

Idaho Collection License #: _____ Tax ID#/EIN _____

Current Contact Person _____ Contact Email: _____

Contact Telephone: _____ Contact Fax: _____

- 1 Has the licensee's LEGAL name, dba or address changed from what is reflected on the Department's website? ****IF YES, CONTACT THE DEPARTMENT FOR ADDITIONAL FILING INSTRUCTIONS.***
- 2 Has the licensee opened or closed any branches that have contact with Idaho debtors and/or Idaho creditor clients, regardless of where located, since your license was initially issued or since your last license renewal? ****IF YES, COMPLETE A FORM CA3 AND INDICATE THE DATE THE BRANCH WAS OPENED (NEW APPLICATION) OR CLOSED (AMENDMENT).***
- 3 Have there been any changes to the licensee's or any agent's legal or regulatory background disclosures from Form CA1 Section 9 since initial licensing, agent registration or last renewal, whichever is later? ****IF YES, PROVIDE A WRITTEN EXPLANATION OF THE CIRCUMSTANCES AND PROVIDE COPIES OF SUPPORTING DOCUMENTS.***
- 4 Has there been a change in the licensee's Responsible Person in Charge(s) (RPIC)—the person(s) that is/was required to demonstrate a minimum of three (3) years' experience in each specific activity or activities conducted under the Act at each licensed/registered location conducting activity in Idaho? ****IF YES, PROVIDE A COMPLETED FORM CA2, A RÉSUMÉ WITH DETAILED JOB DESCRIPTIONS AND DUTIES, AND LIST THE RPIC ON THE QUARTERLY NOTIFICATION OF COLLECTORS/AGENTS FORM.***

YES*	NO

5. Complete the following information as it applies to the licensee's activities conducted in 2010. If the information requested does not apply to the licensee's 2010 business activities, insert "NA" or "0."

- a) _____ Number of current Idaho creditor clients for which collection services are performed
- b) _____ Number of total current (located anywhere, including Idaho) debtor accounts being collected upon
- c) _____ Number of total active (located anywhere, including Idaho) creditor clients for which collection services are performed
- d) _____ Number of judgment claims *sought* against Idaho debtors from 1/1/2010 through 12/31/2010
- e) _____ Number of Idaho clients contracted for credit repair services
- f) _____ Number of Idaho clients contracted for debt or credit counseling services **(including debt settlement services)**
- g) _____ Number of charged-off accounts or other debt accounts purchased by licensee involving Idaho debtors

6. Indicate the activities **conducted** by the licensee in 2010 (refer to page 1 for definitions):

_____ Third Party Collection _____ Social Security Payee _____ Mortgage Loan Servicing _____ Credit Repair
_____ Debt Buyer (passive) _____ Debt Buyer (active) _____ Debt/Credit Counseling (*Includes Debt Settlement*)

7. Indicate the activities covered by the act **expected to be conducted** by the licensee in 2011:

_____ Third Party Collection _____ Social Security Payee _____ Mortgage Loan Servicing _____ Credit Repair
_____ Debt Buyer (passive) _____ Debt Buyer (active) _____ Debt/Credit Counseling (*Includes Debt Settlement*)

Comments: _____

Complete either Section A or Section B based on your license number
BOND CALCULATIONS
(Pertains to Idaho activity only)

Section A: Applies only to Collection Agencies with a license number prefix of "CCA"

A. Calculate any change in bond amount required pursuant to § 26-2232 or § 26-2232A

- 1) Total gross payments to agency during preceding year _____
- 2) Subtract fees earned _____
- 3) TOTAL NET COLLECTIONS _____
- 4) Divide total net collections by 6 _____
- 5) Round to the next highest \$1,000 (minimum \$15,000 - maximum \$100,000)* _____

***This is your new required surety bond amount. Provide a fully executed bond rider for any changes.**

OR

Section B: Applies to licensees with a license number prefix of "CDC", "CDB" or "CCR"

B. Calculate any change in bond amount required pursuant to § 26-2232A

- 1) Total moneys *accepted, received or held for another party* during 2010 _____
- 2) Divide by 6 _____
- 3) Round to the next highest \$1,000 (minimum \$15,000 - maximum \$100,000)* _____

***This is your new required surety bond amount. Provide a fully executed bond rider for any changes.**

CERTIFICATION

I CERTIFY that the information provided on this form is true and correct.

Print name: _____ Title: _____
(Person authorized to sign on behalf of licensee)

Signature: _____ Date: _____

Phone number: _____ Fax Number: _____ Email Address: _____

LIST OF ACTIVE BRANCHES

Branches active in contacting Idaho Debtors/Creditors

FULL PHYSICAL ADDRESS, PHONE, FAX AND RPIC FOR EACH BRANCH	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

If you have more than 20 branches, please duplicate this page. If you ADD a new branch attach a FORM CA3 to the renewal form. Forms may be found on the department's website: <http://finance.idaho.gov> .



INSTRUCTIONS FOR THE ANNUAL/QUARTERLY REPORT

NEW APPLICATION INSTRUCTIONS:

- ✓ Complete the entire top left portion of the report and mark the box on the right indicating it is a new application;
- ✓ The list must be in alphabetical order and by location order;
- ✓ List terminated employees at the end of the Quarterly Report in alphabetical order and location order;
- ✓ Attach Legal Dispositions and explanations for checked Felony or Misdemeanor answers;
- ✓ A fee of \$20.00 (each) for all **new** active agents, including the RPIC(s), must accompany this report;
- ✓ Attach ONE check payable to the Idaho Department of Finance for the total fees due (\$20 for **each new** agent you are registering)

QUARTERLY REPORT INSTRUCTIONS:

- ✓ Quarterly Notification is DUE June 15, September 15, and December 15;
- ✓ Send the Quarterly Report only once a quarter on or near the due date;
- ✓ Complete the entire top left portion of the report and mark the box on the right indicating which quarter you are reporting for;
- ✓ Mark the quarter being reported with the year (i.e. 2010, 2011, etc) on the top right portion of the report;
- ✓ The list must be in alphabetical order and by location order;
- ✓ List terminated employees at the end of the Quarterly Report in alphabetical order and location order;
- ✓ Attach Legal Dispositions and explanations for checked Felony or Misdemeanor answers;
- ✓ A fee of \$20.00 (each) for all **new** active agents, including the RPIC(s), must accompany this report for reporting on June 15th, September 15th and December 15th;
- ✓ Attach ONE check payable to the Idaho Department of Finance for the total fees due (\$20 for **each new** agent you are registering);
- ✓ The Quarterly Report form may be copied or downloaded as needed; be sure the form is signed.

ANNUAL REPORT INSTRUCTIONS:

- Complete the entire top left portion of the report and mark the box on the right titled "Annual Report";
- List **ALL ACTIVE** agents, including the **RPIC(s)**, in alphabetical order, by location;
- List terminated employees since the last submitted Quarterly Report;
- Attach Legal Dispositions and explanations for checked Felony or Financial Misdemeanor answers;
- Attach ONE check payable to the Idaho Department of Finance for the total fees due (\$20 for **ALL ACTIVE** Agents including the RPIC you are registering);
- The Annual Report form may be copied or downloaded and reproduced as needed; be sure the form is signed.

IDAHO COLLECTION AGENCY ACT Idaho Code §26-2240: *Each applicant for a license under this act, with its initial license application, and each licensee at annual renewal, shall file with the director a list of all agents including the name of each agent and any other identifying information the director may require. A fee of twenty dollars (\$20.00) for each listed agent shall accompany the list. Each licensee shall notify the director in writing of any additions to its agent list no less often than every calendar quarter. A fee of twenty dollars (\$20.00) shall be paid to the director for each additionally identified agent in the quarterly notification of additions to a licensee's agent list. An agent is not required to be listed, nor the fee paid therefore, unless the agent acted for the licensee for more than thirty (30) business days.*

If you have any questions, please feel free to contact the licensing administrative assistant at 208-332-8085.

CONSUMER FINANCE BUREAU
800 Park Blvd., Suite 200, Boise, ID 83712
Mail To: P.O. Box 83720, Boise ID 83720-0031
Phone: (208) 332-8002 Fax: (208) 332-8096
<http://finance.idaho.gov>

GAVIN M. GEE
DIRECTOR

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

LICENSE NO. _____	DATE: _____	<i>NEW APPLICATION</i> <input type="checkbox"/>	Check if this is submitted with a new application
NAME OF LICENSEE _____		<i>QUARTERLY REPORT -</i> <i>New Agents</i> YEAR	If there are NO new or terminated agents for the quarter please check the box below
STREET _____		<i>JUN 15</i> _____ <input type="checkbox"/>	
CITY, STATE, ZIP _____		<i>SEP 15</i> _____ <input type="checkbox"/>	
NAME OF SIGNATOR (Print clearly) _____		<i>DEC 15</i> _____ <input type="checkbox"/>	
SIGNATURE _____		<i>ANNUAL REPORT (All Active Agents)</i> <i>MARCH 15, 20</i> _____	

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 Dept Collection Practices Act and that Agent(s) has a reasonable understanding and will comply with same.

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

COMPLETE COLUMN B - 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?

COMPLETE COLUMN C - 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, Financial Services or a Financial Services related business?

Listing Order: List Newly Hired Agents first, then list all newly terminated Agents on Quarterly Reports.

	A	B	C	D	E	F	G	H	I	J
	PLEASE TYPE THE AGENT NAME Alphabetical Order by Location LAST, FIRST, (M)	If Yes ✓ for Felony	If Yes ✓ for Misdemeanor	GROUP BY LOCATION CITY & STATE OF OFFICE	SOCIAL SECURITY # OR EQUIVALENT	DATE OF BIRTH mm/dd/yy	HIRE DATE mm/dd/yy	TERM DATE mm/dd/yy	DESK NAME IF USED	\$20 FEE
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

PLEASE TYPE THE AGENT NAME Alphabetical Order by Location LAST, FIRST, (M)	If Yes ✓ for Felony	If Yes ✓ for Misdemeanor	GROUP BY LOCATION CITY & STATE OF OFFICE	SOCIAL SECURITY # OR EQUIVALENT	DATE OF BIRTH mm/dd/yy	HIRE DATE mm/dd/yy	TERM DATE mm/dd/yy	DESK NAME IF USED	\$20 FEE
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
38									
39									
40									
41									
42									
Total									0