



## Application for Licensure Under the Idaho Collection Agency Act

(collection agencies, debt/credit counselors, debt buyers, credit repair organizations and loan modification companies)

- ◆ Attached is the application for licensure under the Idaho Collection Agency Act. Please read the instructions carefully for information on attachments and materials required. Once the license is approved, it will remain in effect until March 15, unless otherwise surrendered, revoked or suspended.  
**Military Member, Veteran, and Spouse Priority – Sole Proprietor Applicants only:** An individual that is a current military member, veteran, or spouse of a military member or veteran, is entitled to an expedited application review once required verification documentation has been provided and notification to the Department of Finance has been received.  
To qualify, the military member or veteran must have served on active duty for at least 180 consecutive days and if discharged, the discharge must be an honorable discharge or general discharge under honorable conditions. Refer to the application checklist for required documentation to be provided.  
Additionally, if you hold a current, valid and unrestricted active collection agency license in another state or jurisdiction, with similar qualification requirements and without any disciplinary, criminal or enforcement actions, you may be eligible for a license while completing any additionally-required Idaho application requirements.  
***If you qualify for a military member, veteran or spouse priority make sure to mark the box at the bottom of this page and return it as the top document of your application package.***
- ◆ Application Fee of \$150, and \$20 per Agent/RPIC fees, should be made payable to the Idaho Department of Finance. Application packages are to be delivered to the addresses noted at the bottom of this letter. All approved licenses will be displayed on the Department's website at [www.finance.idaho.gov](http://www.finance.idaho.gov).
- ◆ Renewal reminders are emailed as a courtesy to the licensee's main office contact person and renewal forms are posted to the Department's website approximately January 15 annually and must be filed and completed, along with renewal fee and agent fees, by midnight, March 15 annually. It is each licensee's responsibility to keep their email addresses current and on file with the Department. The Department encourages licensees to use a general email box that multiple staff has access to in order to better assure the receipt of important notices.
- ◆ Quarterly Notification of Agents and \$20 fee per agent and RPIC are required to be filed on any newly activated agent or RPIC conducting Idaho activity for 30 business days. Forms are available in the collection agency forms section of the Department's website at [www.finance.idaho.gov](http://www.finance.idaho.gov). Deactivated agents within the quarter (those no longer conducting Idaho activity), without fees, are also to be reported. Once a license is approved, agent filing may be completed electronically through Access Idaho. For information contact the Department at [collections@finance.idaho.gov](mailto:collections@finance.idaho.gov) or (208) 332-8002.
- ◆ It is a requirement to inform the Department of Finance prior to any change that affects your business structure, name, assumed business name, officers, directors or other control persons, responsible person in charge, bond coverage or provider, business or trust account information, or other information to keep the filed application current. Additional documents may be necessary. Changes to the licensee's structure and many forms of a change in control will require submission of a full new application package and appropriate fee. There is no fee related to other amendments to the license.

- ◆ Notification of an address change for the “home/main” office requires an **advance amendment filing** of Form CA1 to the Department. Licensable activity from the new location may not be conducted until the new license reflecting the new address is displayed on the Department’s website. Licenses are not transferable. Notification of office closure(s) must be submitted to the Department within 30 days of occurrence along with evidence of compliance with the discontinuance of operations requirements under Idaho Code § 26-2246.
- ◆ Any person may verify that your license is active and in good standing, once approved, by checking the approved collection agency licensee lists at [www.finance.idaho.gov](http://www.finance.idaho.gov). Information is updated daily.

Any further questions, please contact us at (208) 332-8002 or [collections@finance.idaho.gov](mailto:collections@finance.idaho.gov).

**This application is being submitted under the Military Member, Veteran and Spouse priority option. I have read the requirements and included the appropriate verification documentation.**

**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) 332-8099**  
**[www.finance.idaho.gov](http://www.finance.idaho.gov)**

**LICENSE APPLICATION FORM FOR COLLECTION AGENCIES, DEBT/CREDIT COUNSELORS,  
DEBT SETTLEMENT COMPANIES, DEBT BUYERS, & CREDIT REPAIR ORGANIZATIONS  
FORM CA1 INSTRUCTIONS**

**A. GENERAL INSTRUCTIONS**

1. **FILING** – Form CA1 is the License Application Form for Collection Agencies, Debt/Credit Counselors, Debt Buyers, Debt Settlement Companies & 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 a designated Control Person of the *applicant*.
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* would like an **amendment** to become effective.
5. **AMENDMENTS** – The *applicant* or licensee must update information as required to keep the information current by submitting amendments using Form CA1. Circle (or otherwise identify) the filing as an amendment and complete the item(s) being amended as well as the name of the *entity* and license number where applicable as well as the execution section.
6. **CONTACT EMPLOYEE** – The individual listed as the contact employee must be authorized to receive all compliance and licensing information, communications, and mailings, and be responsible for disseminating it within the applicant’s organization.
7. **SURRENDER / CANCEL**– When an *entity* decides to cease operations under the license, use the Form CA1 to notify the Idaho Department of Finance by checking the “Surrender/Cancel” box and completing only items 1A, 2, and 3 as well as the wind-down requirements of Idaho Code 26-2246.

**B. FILING INSTRUCTIONS**

1. **FORMAT**

- A. Submit a fully completed Form CA1 when the *applicant* is filing for the first time.
- B. For the initial Form CA1 filing, the Execution section must include notarized original manual signature.
- C. Type or print all information clearly and legibly.
- D. Use only the current version of Form CA1 and its Schedules or a reproduction of them.

2. **ATTACHMENTS** – Provide the following:

- A. \$150 Application Fee.
- B. File Schedules A and B only with initial applications. Use Schedule C to update Schedules A and B as needed after initial submission.
- C. Provide the name, full delivery address, and telephone number of the registered agent for service of legal process. The registered agent must be located in Idaho.
- D. File a Form CA2 for each individual designated in Section 8 and on Schedules A or C as a *control person*, to include the Responsible Person in Charge.
- E. 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 hours must be provided to Idaho debtors and the Department.  
The following item may be used to demonstrate the required experience of the RPIC in the business activities to be conducted for the applicant:

A verification of experience that includes detailed job descriptions, duties, experience and/or relevant education in each of the specific business activities to be conducted under this license. If multiple activities are to be conducted— such as collections and credit repair, three (3) years of experience in EACH activity must be documented and detailed.

- F. Provide a copy of the Certificate of Filing ABN 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. Contact the IDSOS at 208.334.2300 for filing information.
- G. If the *applicant* is a corporation, enclose a copy of the Certificate of Existence issued by the IDSOS, as well as a copy of the applicant’s Articles of Incorporation, including amendments, and a Certificate of Good Standing issued by the domestic state.
- H. If the *applicant* is a limited liability company (LLC), enclose a copy of the Certificate of Existence issued by the IDSOS, as well as a copy of the Articles of Organization and operating agreement, and a Certificate of Good Standing issued by the domestic state.
- I. If the *applicant* is a partnership of any form, enclose a copy of the partnership agreement and evidence of filing with the IDSOS. If the *applicant* is a limited partnership, enclose a Certificate of Good Standing issued by the domestic state.
- J. Individual(s) having contact with Idaho citizens or Idaho businesses, including the designated RPICs, while conducting business activities covered by the Idaho Collection Agency Act must be listed on the initial Notification of Agents Form and pay an initial \$20 Registration Fee *per person* (this is an annual fee after initial payment on registration).
- K. Branch offices need to complete a Form CA3 for each branch. No additional fee is required to register branch offices.
- L. Provide an organization structure chart reflecting parent companies, affiliates and subsidiaries AND a current management chart listing all identified Control Persons by name and position title.
- M. Provide a complete detailed written business plan with descriptions of the business activities to be conducted in Idaho and how they will be conducted.
- N. Provide a complete Consent to Service of Process and Consent to Examination of Accounts Form.
- O. Provide examples of all current contracts, letters, materials, and/or forms used with creditor clients and debtors. Additionally, provide all materials—advertising, follow-up, dispute, satisfaction, correspondence, etc., to be used with Idaho debtors or Idaho creditor clients.
- P. **Military Member, Veteran, or Spouse Status Documentation:**
  - Discharged/Retired Veteran Applicant:** Provide a copy of the veteran’s DD Form 214 (member copy 4) or NGB -22 that confirms duration of active duty service AND type and condition of discharge.
  - Active Duty Applicant:** Provide a copy of your current and valid military ID card.
  - Spouse of Active Duty Member:** Provide a copy of current and valid military dependent ID card and a copy of marriage certificate or other legal union documentation.
  - Spouse of Discharged/Retired Veteran:** Provide a copy of the veteran’s DD Form 214 (member copy 4) or NGB -22 that confirms duration of active duty service AND type and condition of discharge and a copy of marriage certificate or other legal union documentation.

- 3. **FINANCIAL RESPONSIBILITY** – Provide a \$15,000 Idaho Surety Bond in the applicant’s name. The **original** bond must be filed with the Department. The bond must be fully executed by both the surety company and licensee. **NOTE: The name of the principal insured on the bond must match EXACTLY to the name shown on your license and the entity filing with the Idaho Secretary of State. Do NOT include d/b/as.**

**C. EXPLANATION OF TERMS** – The following terms are italicized throughout Form CA1

**1. GENERAL**

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

**CONTROL** – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or executive officer; (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; (iii) in the case of an LLC, Managing Member; or (iv) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

**CONTROL PERSON** – An individual (natural person) named in Item 1A or in Schedules A, B, or C that directly or indirectly exercises *control* over the *applicant*.

**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, LLC or other organization.

**2. FOR THE PURPOSE OF ITEM 9**

**CONTROL AFFILIATE** – A partnership, corporation, trust, LLC, or other organization that directly or indirectly *controls*, or is *controlled* by, the *applicant*.

**ENJOINED** – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

**FELONY** – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

**FINANCIAL SERVICES OR FINANCIAL SERVICES RELATED** – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to; acting as or being associated with a bank or savings association, credit union, collection agency, mortgage broker, real estate salesperson or agent, closing agent, title company, or escrow agent).

**FOREIGN FINANCIAL REGULATORY AUTHORITY** – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.

**FOUND** – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

**INVOLVED** – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing to reasonably supervise another in doing an act or omission.

**MISDEMEANOR** – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

**ORDER** – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.

**PROCEEDING** – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

<b>FORM CA1</b>	<b>LICENSE APPLICATION FORM FOR COLLECTION AGENCIES, DEBT BUYERS, DEBT SETTLEMENT COMPANIES, DEBT/CREDIT COUNSELORS, &amp; CREDIT REPAIR ORGANIZATIONS</b>	<input type="checkbox"/> COLLECTION AGENCY <input type="checkbox"/> DEBT BUYER <input type="checkbox"/> DEBT SETTLEMENT <input type="checkbox"/> DEBT/CREDIT COUNSELOR <input type="checkbox"/> CREDIT REPAIR
Date of filing (MM/DD/YYYY): _____		
<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> AMENDMENT <i>To amend, circle or identify item(s) being amended.</i>		
<input type="checkbox"/> SURRENDER/CANCEL <input type="checkbox"/> OTHER _____		
<b>1. Exact name, principal business address, mailing address, if different, and telephone numbers of <i>applicant</i>:</b>		
(A) Entity name (sole proprietors provide last, first, and full middle name)		(B) IRS Employer Identification Number (Social Security Number is allowed for sole proprietorship)
_____		
(C) (1) Name under which business primarily is or will be conducted (forced dba), if different from Item 1A:		
_____		
(2) List any other name(s) by which the <i>applicant</i> conducts or will conduct business (dba).		
1. Name	2. Name	
3. Name	4. Name	
(D) <b>For amendments only:</b> If this filing reports the <i>applicant's</i> name has changed, specify whether the name change is of the		
<input type="checkbox"/> <i>applicant</i> name (1A) or <input type="checkbox"/> dba business name (1C1)?		
Enter the old name above and new <i>applicant</i> name here _____ <b>or</b>		
new business (trade/dba) name here _____		
(E) Main address: (Do NOT use a P.O. Box or a commercial mailbox facility address)		
_____	_____	_____
Number & Street	City	State / Province & Country
Zip+4		
(F) Mailing address, if different from Main address:		
_____	_____	_____
PO Box or Number & Street	City	State / Province & Country
Zip+4		
(G) Telephone Numbers and Website:		
_____	( ) _____	_____
Business Phone ext	Fax Line	Website address
e-mail address		
(H) Other than the office in 1E, does the <i>applicant</i> conduct business with Idaho citizens or businesses through branch offices or other business locations? <input type="checkbox"/> YES <i>Branch offices must be registered.</i> Use Form CA3 <input type="checkbox"/> NO		

**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 and are made under the penalty of perjury and/ or un-sworn falsification to authorities or similar provisions as provided by law;
- (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 into the background of the applicant and any related individuals or entities, in accordance with state law and federal law for purposes of making determination on the application;
- (4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis; and
- (5) To comply with the provisions of law including the maintenance of accurate books and records pertaining to the conduct of business for which the *applicant* is applying.

	_____ Date (MM/DD/YYYY) Signed or attested before me: _____ Print Notary Public name	_____ Signature of Control Person of <i>Applicant</i> By _____ Print <i>Control Person's</i>
Name	Notary seal here on this _____ day of _____, _____ at _____ Date Month 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.***

**2. Contact Information**

(A) Registered Agent:

_____	( ) _____	ext ( ) _____	_____	_____
Name and Title	Business Phone	Fax Line	e-mail address	
_____	_____	_____	_____	_____
PO Box or Number & Street	City	State / Province & Country	Zip+4/Postal Code	

(B) Contact Employee:

_____	( ) _____	ext ( ) _____	_____	_____
Name and Title	Business Phone	Fax Line	e-mail address	
_____	_____	_____	_____	_____
PO Box or Number & Street	City	State / Province & Country	Zip+4/ Postal Code	

(C) Consumer Complaint Employee information:

_____	( ) _____	ext ( ) _____	_____	_____
Name and Title	Business Phone	Fax Line	e-mail address	
_____	_____	_____	_____	_____
Business Address	City	State / Province & Country	Zip+4 / Postal Code	

(D) Physical address of location where the official books and records of the applicant will be kept. Consult each jurisdiction for specific records retention requirements.

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

**3.** 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, 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
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							

**Identify below all types collection related business(es)**

<p>4. Check type(s) of collection related business engaged in (or to be engaged in, if not yet active) by <i>applicant</i>.</p> <p>(A) First party collection <input type="checkbox"/></p> <p>(B) Third party collection <input type="checkbox"/></p> <p>(C) Passive debt buyer (does not undertake direct collections on accounts) <input type="checkbox"/></p> <p>(D) Active debt buyer (undertakes direct collections on accounts) <input type="checkbox"/></p> <p>(E) Debt/Credit counseling <input type="checkbox"/></p> <p>(F) Credit repair <input type="checkbox"/></p> <p>(G) Third party first mortgage servicing <input type="checkbox"/></p> <p>(H) Third party subordinate lien mortgage servicing <input type="checkbox"/></p> <p>(I) Account/Billing service <input type="checkbox"/></p> <p>(J) Judgment recovery <input type="checkbox"/></p> <p>(K) Debt Settlement <input type="checkbox"/></p> <p>(L) Other _____ <input type="checkbox"/></p>	<p><b>YES</b></p>
<p>5. (A) Will the <i>applicant</i> engage in other business activities not regulated under the Idaho Collection Agency Act?</p> <p>If "yes" briefly describe. _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>YES NO</b></p> <p><input type="checkbox"/> <input type="checkbox"/></p>

(B) Will the <i>applicant</i> occupy or share space with any <i>person(s)</i> engaged in <i>financial services-related</i> activity?  If "yes," provide the name(s) of the other entity/ <i>person(s)</i> .	<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6.** (A) Indicate legal status of *applicant*.

Corporation                       Sole Proprietorship                       Other (*specify*) \_\_\_\_\_  
 Partnership                               Limited Liability Company

(B) Fiscal year end (MM/DD): \_\_\_\_\_

(C) If other than a sole proprietorship, indicate date and place *applicant* obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where *applicant* entity was formed):

Formation State: \_\_\_\_\_                      Date of formation (MM/DD/YYYY): \_\_\_\_\_  
 Formation Province & Country \_\_\_\_\_

(D) If publicly traded insert stock symbol: \_\_\_\_\_ +

(E) Trust and Operating Bank Accounts. Provide the name and address of the financial institution(s) where the licensee's general operating and Idaho client trust accounts are/will be located. Attach additional sheets if needed.

Bank Name (if branch, include branch name): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Trust Account Number(s): \_\_\_\_\_

General Operating Business Account Number(s) \_\_\_\_\_

**Control Information**

**7.** (A) Directly or indirectly, does *applicant control* or is *applicant* under common *control* with, any *person* that is engaged in *collection, credit repair, debt/credit counseling, debt buying* OR other *financial services-related* business? **YES NO**

If yes, complete information below for each relationship. In the "Control Relationship" Column", enter "S" if the *applicant controls* the entity (subsidiary) and "A" if the *applicant* is under common *control* with the entity (affiliate). Attach additional sheets as necessary.

Name of Partnership, Corporation, or Organization	Number and Street	City	State/Province	Zip + 4/Postal Code	Control Relationship

Provide an organizational chart.  
 Briefly describe *control* relationship(s), including percentage of interest.  
 Use additional sheets for comments if necessary.

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**8.** Schedule A (direct owners) and, if applicable, Schedule B (indirect owners) must be completed as part of all initial applications. Amendments to schedules A and B must be provided on Schedule C as changes occur after initial submission.  
 Include Qualifying Individual – Responsible Person in Charge-- who will supervise the business related activities of the applicant conducted under the Idaho Collection Agency Act.

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Title	Number and Street	City	State/ Province	Zip + 4/Postal Code

**9.** If the answer to any of the following is "YES", provide complete details of all events or *proceedings* in an attachment, including as applicable: name and location of court, docket or case number, and status and summary of event or *proceeding*; copies of applicable charge(s), order(s), and/or consent agreement(s). Refer to the explanation of terms section of the form CA1 instructions for explanations of italicized terms. **Remember to file updates of these disclosures as needed to be current.**

<b>Criminal Disclosure</b>	<b>YES</b>	<b>NO</b>
(A) In the past ten years has the <i>entity</i> or a <i>control affiliate</i> :	<input type="checkbox"/>	<input type="checkbox"/>
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: collection, credit repair, debt/credit counseling, debt buying, debt settlement or related activities OR financial services or a financial services-related business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Regulatory Action Disclosure</b>		
(C) In the past ten years, has any State or federal regulatory agency or <i>foreign financial regulatory authority ever</i> :		
(1) <i>found the entity or a control affiliate</i> to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(2) <i>found the entity or a control affiliate</i> to have been <i>involved</i> in a violation of a <i>collection, credit repair, debt/credit counseling, debt settlement, debt buying or related activities OR financial services-related regulation(s) or statute(s)?</i>	<input type="checkbox"/>	<input type="checkbox"/>
(3) <i>found the entity or a control affiliate</i> to have been a cause of a <i>collection, credit repair, debt/credit counseling, debt settlement, debt buying or related activities OR financial services-related business</i> having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an <i>order</i> against the <i>entity</i> or a <i>control affiliate</i> in connection with a <i>collection, credit repair, debt settlement, debt/credit counseling, debt buying or related activities OR financial services-related activity?</i>	<input type="checkbox"/>	<input type="checkbox"/>



<p><b>Schedule A</b> <b>DIRECT OWNERS AND EXECUTIVE OFFICERS</b></p>	<p>Applicant full legal name: _____</p> <p>Date of filing (MM/DD/YYYY): _____</p>	
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1. Use Schedule A only in new applications to provide information on the **direct** owners, RPIC and executive officers of the *applicant*. Use Schedule B in new applications to provide information on **indirect** owners. File all amendments on Schedule C. **Complete each column.**

2. List below the names of:

- (a) each executive officer, including President, Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer, Director, and individuals with similar status or functions;
- (b) each *control person*
- (c) in the case of an *applicant* that is a corporation, each shareholder that directly owns 10% or more of a class of a voting security of the *applicant*, unless the *applicant* is a publicly traded company;  
 Direct owners include any *person* that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 10% or more of a class of a voting security of the *applicant*. For purposes of this Schedule, a *person* beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security.
- (d) in the case of an *applicant* that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 10% or more of the partnership's capital;
- (e) in the case of a trust that directly owns 10% or more of a class of a voting security of the *applicant*, or that has the right to receive upon dissolution, or have contributed, 10% or more of the *applicant's* capital, the trust and each trustee;
- (f) in the case of an *applicant* that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 10% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers; and
- (g) the Responsible Person(s) in Charge (RPIC) of supervising the business activities of the *applicant* must be listed whether or not such persons are owners of the *applicant*.

3. Are there any indirect owners of the *applicant* required to be reported on Schedule B?  Yes  No

4. Complete the "Title or Status" column by entering board/management titles; status as a partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of securities owned (if more than one is issued).

5. (a) In the "Control Person" column, enter "Yes" if the *person* has "control" as defined in the instructions to form CA1, and "No" if the *person* does not have control. Note that under this definition, most executive officers and all 10% owners, general partners, and trustees would be "control persons". For each "Yes" response, submit Control Persons Information on form CA2.  
 (b) In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "N/A."

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Title or Status	% Ownership	Control Person (yes/no)	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID


<b>Schedule B</b> <b>INDIRECT OWNERS</b>	Applicant full legal name: _____ Date of filing (MM/DD/YYYY): _____
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1. Use Schedule B only in new applications to provide information on the **indirect** owners of the *applicant*. Use Schedule A in new applications to provide information on **direct** owners. File all amendments on Schedule C. **Complete each column.**
2. With respect to each owner listed on Schedule A, (except individual owners), list below:
  - (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;  
For purposes of this Schedule, a *person* beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security.
  - (b) in the case of an owner that is a partnership, **all** general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;
  - (d) in the case of an owner that is a trust, the trust and each trustee; and
  - (e) in the case of an owner that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers.
3. Continue up the chain of ownership listing all 25% or more owners at each level. Once a public reporting company is reached, no ownership information further up the chain of ownership need be given.
4. Complete the "Status" column by entering status as a partner, trustee, shareholder, etc. and if shareholder, class of securities owned (if more than one is issued).
5. In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "NA".

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Direct Owner in Which Interest is Owned	Status	% Ownership	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID


<b>Schedule C</b> <b>AMENDMENTS TO SCHEDULES A &amp; B</b>	Applicant full legal name: _____  Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____
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1. This Schedule is used to amend Schedules A and B of Form CA1. Refer to those schedules for specific instructions for completing this Schedule C. **Complete each column.**

2. In the Type of Amendment ("Type of Amd.") column, indicate "A" (addition), "D" (deletion), or "C" (change in information about the same *person*).

**3. List below all changes to Schedule A (DIRECT OWNERS, RPIC, DIRECTORS AND EXECUTIVE OFFICERS):**

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Type of Amd.	Title or Status	% Ownership	Control Person (yes/no)	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID

**4. List below all changes to Schedule B (INDIRECT OWNERS):**

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Type of Amd.	Entity in Which Interest is Owned	Status	% Ownership	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID
