

BRAD LITTLE
 Governor
 MARY E. HUGHES
 Acting Director

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



If there are NO new agents or terminated agents for the quarter please check the box below

LICENSE NO. _____ DATE: _____ **QUARTERLY REPORT -** **New Agents** **YEAR**

NMLS # (if applicable) _____ **JUN 15** _____

NAME OF LICENSEE _____ **SEP 15** _____

STREET _____ **DEC 15** _____

CITY, STATE, ZIP _____ **NEW APPLICATION** _____

NAME OF AUTHORIZED SIGNATURE (Print clearly) _____ **ANNUAL REPORT** **(All Active Agents)**

_____ **MARCH 15, 20** _____

SIGNATURE

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, Debt Settlement, Financial Services or a Financial Services related business?

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

	PLEASE TYPE THE AGENT NAME <u>Alphabetical Order by Location</u> LAST, FIRST, (M)	If Yes ü Felony	If Yes ü Misdemeanor	GROUP BY LOCATION CITY & STATE OF OFFICE	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									

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 <u>Alphabetical Order by Location</u> LAST, FIRST, (M)	If Yes ü Felony	If Yes ü Misdemeanor	GROUP BY LOCATION CITY & STATE OF OFFICE	DATE OF BIRTH mm/dd/yy	HIRE DATE mm/dd/yy	TERM DATE mm/dd/yy	DESK NAME IF USED	\$20 FEE
6									
7									
8									
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Total								0

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