	ORTANT NOTICE: Completion of the	his form					SUPPORTI	NG DOC	UMENT		
is ne unde Statu VOLU	ecessary for consideration for lic r 225 ILCS 425/1 et.seg. (Illinois Co ites). Disclosure of this informa UNTARY. However, failure to comp t in this form not being processed.	ompiled ation is	PERSONAL/EMPLOYMENT HISTORY COLLECTION AGENCY				PH-COI				
PAR	RT I: Complete the top po	ortion of this form									
A. COLLECTION AGENCY LEGAL NAME (As it is to appear on Certificate of Registration)					B. FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER OR ITIN						
	LLINOIS COLLECTION AGENCY R If new application, write N/A.) 01	REGISTRATION NUMB	ER								
PAR	<i>4. if the collection a in the partnership, 5. if the collection limited liability con</i>	ollection agency; to draw on the tru is a corporation, a agency is a partn agency is a limite mpany;	ast account; a all persons o pership, all pa ed liability co	wning artner ompar	g 10% or more of the s of the partnership ny, all members hold s entity, all persons o	holding a ling 10% d	a 10% or i or more i	more in nterest	terest in the		
A. N	A. NAME (Last, First, Middle Initial) B. TITLE OR POSITION HELD WITH AGENCY										
C. F	RESIDENCE ADDRESS (Include St	treet, City, State, and Z	IP Code	D. SS	N OR ITIN						
				E. DA	TE OF BIRTH		PERCENT	AGE OF A	GENCY		
G.	PERSONAL HISTORY QUEST	TIONS						YES	NO		
1.	Have you been convicted of or p	led guilty or nolo conte	ndere to any crim	ninal off	ense in any state or in fede	eral court?					
2.	Have you ever been an owner, p registration? If yes, attach a deta		icer of any entity	which v	vas denied a professional li	icense/permi	it/				
3.	Have you ever been adjudicated bankrupt? If yes, submit certified copies of court records showing the case number, the date of filing, the type of the bankruptcy, and the date of discharge, if applicable.										
4.	Have you ever been denied a pro	ofessional license/perm	nit/registration? If	yes, at	tach a detailed explanation						
5.		ave you ever been denied a professional license/permit/registration? If yes, attach a detailed explanation. ave you ever been an owner, partner, or corporate officer of any entity that has had its license/permit/registration disciplined any licensing authority in Illinois or by any other state or federal licensing authority? If yes, attach a detailed explanation.									
6.	<ul> <li>Have you ever had a professional license/registration/permit disciplined by any licensing authority in Illinois or by any other state or federal authority? if yes, attach a detailed explanation.</li> </ul>										
7.	Do you have any unsatisfied judgments outstanding against you? If yes, complete the following:										
	Name of Creditor	Date of Judgment	Court Where Enter	red	Legal basis for	Judgement					

H. LIST ALL EMPLOYMENT IN THE LAST 10 YEARS		1		Co		
NAME OF BUSINESS AND ADDRESS (Include Street, City, State, Zip Code)	POSITION	DATES OF EMPLOYMENT	DUTIES	Collection Agency:		
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				0r 0		
				FEIN or SS# or ITIN:		
				<b> </b>		
				ן די		
PART III: Child Support and/or Studer	t Loan Information			Profession Name:		
1. Are you more than 30 days delinquent in	n complying with a child sup	oport order?	□Yes	⊡No Na		
(NOTE: If you are not subject to a child		")				
2. Are you delinquent in the filing of state taxes	?		□Yes			
PART IV: Certifying Statement						
Under penalties of perjury, I declare that I hereon are true and correct to the best of i						
Date Signature of Owner, Partner, or Corporate Officer of Agency						