IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 425/1 et.seg. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

Certificate of Registration)

PART I: Complete the top portion of this form.

A. COLLECTION AGENCY LEGAL NAME (As it is to appear on

PERSONAL/EMPLOYMENT HISTORY COLLECTION AGENCY

NUMBER

SUPPORTING DOCUMENT

PH-COL

B. FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY

		COLLECTION AGENCY plication, write N/A.)											
017-													
PAF	PART II: Must be completed by:												
	1. Officers of the collection agency;												
		2. Any persons who draw on the trust account; and											
		3. if the applicant is a corporation, all persons owning 10% or more of the stock of such corporation											
 if the collection agency is a partnership, a in the partnership, 					partnei	s of the partnership	holding a 10% or	more in	terest				
5. if the collection agency is a limited liability company, all member limited liability company;						ny, all members hold	ing 10% or more	interest	in the				
	6. if the collection agency is any other legal business entity, all persons owning 10% or m the entity.								rest in				
A. 1	A. NAME (Last, First, Middle Initial)					B. TITLE OR POSITION HELD WITH AGENCY							
•													
C. RESIDENCE ADDRESS (Include Street, City, State, and ZIP Code					D. SOCIAL SECURITY NUMBER								
			E. DATE OF BIRTH F. WHAT PERCENTAGE OF AGENC										
							DO YOU OWN?						
G.	PERS	ONAL HISTORY QUES	STIONS					YES	NO				
1.	Have y	Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court?											
2.	Have you ever been an owner, partner, or corporate officer of any entity which was denied a professional license/permit/registration? If yes, attach a detailed explanation.												
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 y	lave you ever been denied a professional license/permit/registration? If yes, attach a detailed explanation.											
5.	Have you ever been an owner, partner, or corporate officer of any entity that has had its license/permit/registration disciplined by any licensing authority in Illinois or by any other state or federal licensing authority? If yes, attach a detailed explanation.												
6.	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.												
7.	Do you	o you have any unsatisfied judgments outstanding against you? If yes, complete the following:											
		Name of Creditor Date of Judgment Court Where Ent			red Legal basis for Judgement								

H. LIST ALL EMPLOYMENT IN THE LAST 10 YEAR	RS				
NAME OF BUSINESS AND ADDRESS (Include Street, City, State, Zip Code)	POSITION	DATES OF EMPLOYMENT	DUTIES	Col	
				Collection Agency:	
				Agei	
				ncy:	
				1	
				E	
				FEIN or SS#:	
				#	
PART III: Child Support and/or Stude	nt Loan Information			Profession Name:	
Are you more than 30 days delinquent	in complying with a child s	upport order?	□Yes	□No No	
(NOTE: If you are not subject to a child		o. <i>"</i>)			
2. Are you delinquent in the filing of state taxe	es? 		□Yes		
PART IV: Certifying Statement					
Under penalties of perjury, I declare that hereon are true and correct to the best of					
Date Signature of Owner, Partner, or Corporate Officer of Agency					