

INSTRUCTION SHEET

COLLECTION AGENCY

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

Before completing the Application Package, read each of the steps below in the order that they are listed, then follow the directions as they apply to you. This will aid you in accurately completing your application and thus, eliminate any delay in processing. **No agency may open its offices without first obtaining a Certificate of Registration from the Department of Financial and Professional Regulation.**

STEP I. CONTENTS OF APPLICATION -- Check the contents of your application to ensure it consists of the following documents. (Instructions for completing the forms are given on the reverse side of this page.)

- a. Application for Registration - IL486-0094
- b. **PH-COL** - Personal/Employment History - IL486-0093
- c. **FS-COL** - Financial Statement - IL486-0092
- d. **BD-COL** - Bond - IL486-0095 (**Exempt for debt buyers**)
- e. **EL-COL** - Employee Identity Listing - IL486-1529
- f. **TR-COL** - Trust Account Financial Report - IL486-1531 (**Exempt for debt buyers**)
- g. Branch Application - IL486-1528

STEP II. APPLICATION FEE - \$750

Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation. This fee is nonrefundable.

STEP III. GENERAL INFORMATION - IF YOU OPERATE AN AGENCY IN THIS STATE WITHOUT A LICENSE, YOU ARE IN VIOLATION OF THE COLLECTION AGENCY ACT. Once you have been issued a Certificate of Registration to operate a collection agency in Illinois, the following will apply:

- a. The Certificate of Registration shall expire on May 31, 2015, and every 3 years thereafter. You will automatically receive your renewal application in the mail approximately 60 days prior to the expiration date of your certificate.
- b. Each year you will be required to submit a trust account financial report on behalf of your collection agency. Form TR-COL must be submitted with your original application. A Trust Account must be maintained at ALL times and there must be sufficient funds in the account at all times to pay the creditors the amount due them. Form TR-COL (Trust Account Financial Report - IL486-1531) will also be sent to you in March of each year. The form must be returned to the Department of Financial and Professional Regulation by May 31. Failure to provide the information requested may result in disciplinary action taken against your collection agency.
- c. Corporations Only -- Must submit the following documents with your application:
 1. Illinois Corporations -- A copy of the Articles of Incorporation which have been filed with the Secretary of State's Office.
 2. Foreign Corporations -- (Those incorporated outside of Illinois.) A copy of the Articles of Incorporation and a copy of the Application for Authority to transact business in Illinois as issued by the Illinois Secretary of State's Office.
 3. Limited Liability Company -- A copy of the Articles of Organization. Out-of-state LLCs also need to submit a filed Application for Admission from the Illinois Secretary of State.
- d. Sole Proprietorship Only -- Submit original assumed name document as filed with the county where the name is registered.

STEP IV. All applications, forms, and fees should be submitted to the following address **unless instructed otherwise**: Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, 320 West Washington Street, 3rd Floor, Springfield, Illinois 62786

STEP V. If you have any further questions about the application, feel free to contact our office directly 1-800-560-6420.

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

AIDS TO ASSIST IN THE COMPLETION OF THE COLLECTION AGENCY FORMS

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

1. **General Instructions**
 - a. Where requested, complete the full name and address of the collection agency. **Post office box numbers are not acceptable.** The main address refers to the headquarters address for agencies, not a branch office address.
 - b. Type or print legibly with black ink only.
2. **Application for Registration - Collection Agency (IL486-0094)**
 - a. This form must be completed by any business desiring a collection agency Certificate of Registration.
 - b. Part II: Additional Location Information (Branch Offices)
 - 1) Branch office locations should be listed in this section. Post office box numbers are not acceptable. If you require additional space, submit a separate listing with all information properly noted.
 - 2) All branch offices must have the same identical name and ownership as that of the parent collection agency. A Branch Office Application must be submitted for each location noted in Part II. A different name or different ownership will require separate registration and a new Application for Registration (IL486-0094) must be filed.
 - c. Part III: Record of Licensure/Registration Information - If your agency has ever been licensed, registered, or been granted authority to do business as a Collection Agency under the name specified in the Application for Licensure or any other business or assumed name in another state, you must record that information in this section.
 - d. Part IV: Owner and Stock Holder Information -- Record the names, addresses and titles of all owners, partners, officers, or if corporation, all persons owning 10 percent or more of corporate stock in this section. Each person whose name is recorded in this section must complete Supporting Document **PH-COL**. See item 3 below for more information concerning form **PH-COL**.
3. **PH-COL Personal/Employment History -- IL486-0093**
 - a. This form must be completed by the individuals listed in 2d above, **AS WELL AS THE MANAGER(S)/ADMINISTRATOR(S) OF THE PARENT OR BRANCH OFFICE(S)** or those listed on the TR-COL who draw on the trust account(s). Failure to do so will cause the application to be considered incomplete.
 - b. The form must be signed by the individual completing the form.
 - c. You are authorized to photocopy this form if necessary.
4. **FS-COL Financial Statement -- IL486-0092 --** Submit this form making sure assets = liabilities + net worth
5. **BD-COL Bond -- IL486-0095 --** The bond form must be completed by a bonding company licensed to do business within the State of Illinois. It must be submitted with the full application for licensure. It is the agency's responsibility to insure that the bond form is complete prior to submission to this Department. **(Debt buyers are exempt from the BD-COL.)**
6. **EL-COL Employee Identity Listing -- IL486-1529 --** If any person employed by an agency uses a pseudonym, such agency shall provide the Department with a list of the respective pseudonyms used and the correct identity of each individual on this form. When there has been a change in personnel or pseudonym or additions to either, such agency shall file that information within 30 days after such change or addition. You are authorized to photocopy this form as required.
7. **TR-COL -- IL486-1531 --** All licensed collection agencies must maintain a Trust Account at all times even if no collection activity is currently taking place. Those who draw on the trust account(s) as listed need to complete a PH-COL form. **(Debt buyers are exempt from the TR-COL.)**
8. **Branch Office Application -- IL486-1528**
 - a. This form must be submitted for each branch office location indicated on Part II of the application. The application must be accompanied by a completed **PH-COL** for the manager(s)/administrator(s) in charge if such a form has not already been submitted to the Department for that individual.
 - b. All branch offices must have the same identical name and ownership as that of the parent collection agency. A different name or different ownership will require separate registration and a new Application for Registration (IL486-0094) must be filed.
 - c. A registration fee of \$250 must be submitted with each Branch Office Application.

APPLICATION FOR REGISTRATION COLLECTION AGENCY

FOR OFFICIAL USE ONLY

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.

The following materials are included in the Application Package for Registration as a Collection Agency:

1. Two-sided APPLICATION FOR REGISTRATION, COLLECTION AGENCY.
2. SUPPORTING DOCUMENTS (Purpose and type described in the Instruction Sheet.)
3. INSTRUCTION SHEET.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- a. Type or print legibly with black ink only.
- b. **Application fee is not refundable.**
- c. Complete the full name and address of the Collection Agency. Post Office Box numbers are not acceptable. The main address should be the corporate headquarters of the collection agency.

Section 8.6 (debt buyer activities) was added to the Illinois Collection Agency Act effective January 1, 2013 stating that the trust account financial report (TR-COL) and bond (BD-COL) forms will not be required if the company that is applying for a collection agency license in Illinois is a debt buyer as defined in the Act.

Check this box if applying as a debt buyer per Section 8.6 of the Act.

PART I: Collection Agency Identifying Information

A. COLLECTION AGENCY NAME (As it is to appear on Certificate of Registration)	B. FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER
C. COLLECTION AGENCY MAIN ADDRESS (Include Street Address, City, State and ZIP Code)	D. ACTUAL NAME OF COLLECTION AGENCY
	E. TELEPHONE NUMBER (Include Area Code)
F. COUNTY	G. MANAGER/ADMINISTRATOR-IN-CHARGE
H. TYPE OF OWNERSHIP <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company	I. E-MAIL ADDRESS (REQUIRED)

PART II: Additional Location Information - All branch locations must have the same ownership as indicated on Parts IV of this application; and the name of the business must be identical to that in PART I, A of this application. Different business names or different ownership requires a separate collection agency application. Use a separate sheet if additional space is needed.

BRANCH OFFICE STREET ADDRESS CITY, STATE, ZIP CODE	TELEPHONE NUMBER (Include Area Code)	MANAGER/ADMINISTRATOR

Name of
Collection Agency:

PART III: Record of Licensure/Registration Information -- If your agency has ever been licensed, registered, or been granted authority to do business as a Collection Agency under the name specified in Part I, A, or any other business or assumed name either in Illinois or in another state, complete the information requested below (duplicate page as needed).

STATE	NAME AND ADDRESS OF BUSINESS	LICENSE NUMBER	DATE ISSUED	STATUS (Active,Lapsed, etc)	DISCIPLINED IN THIS STATE? (Y/N)

If there is a "yes" response to being disciplined in any state listed above, a copy of the disciplinary history must accompany the application.

Under penalty of perjury, I can attest to the validity of the information contained in Part III of the application with reference to state licensure/registration or operation in the state(s) listed above in performing collection activities.

_____ Date

_____ Signature of Owner, Partner or Corporate Officer of Agency

FEIN or SS#:

PART IV: Owner and Stock Holder Information - Record data for all owners, partners, officers, or if corporation, all persons owning 10% or more of corporate stock or if a separate entity, all persons owning 10% or more ownership interest.

NAME	STREET ADDRESS CITY, STATE, ZIP CODE	TITLE	PERCENTAGE OF OWNERSHIP

Profession Name:

PART V: Certifying Statement

Under penalties of perjury, I declare that I have examined this application, that the answers appearing hereon are true and correct to the best of my knowledge and belief, and that I am legally authorized to sign for this agency.

_____ Date

_____ Signature of Owner, Partner, or Corporate Officer of Agency

COLLECTION AGENCY

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Licensed Collection Agency

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

TWO-PAGE APPLICATION REVIEW	COMPLETED
Part I. Collection Agency Identifying Information	
Part II. Additional Location Information	
Part III. Record of Licensure/Registration Information	
Part IV. Owner and Stockholder Information	
Part V. Certifying Statement	
SUPPORTING DOCUMENTS	SUBMITTED
Application Fee	
FS-COL Form (assets = liabilities + net worth)	
BD-COL Form (proof of the \$25,000 bond requirement)	
EL-COL Form (fictitious names with agency to be licensed)	
PH-COL Form(s)	
TR-COL Form	
Sole proprietorships (copy of assumed name document from county)	
Corporations (Copy of the Articles of Incorporation) For Foreign Corporations, a copy of the filed Application of Authority from the Illinois Secretary of State for name being used in Illinois, along with a copy of the filed Articles of Incorporation from the state of incorporation.	
LLC (Copy of the filed Articles of Organization) Out-of-State LLCs submit a filed copy of the Application for Admission from the Illinois Secretary of State along with the Articles of Organization from the state of organization.	
Branch office application (if applicable)	

All supporting documents may not be required. Please refer to application instructions for your specific method of licensure.

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.

PERSONAL/EMPLOYMENT HISTORY COLLECTION AGENCY

SUPPORTING DOCUMENT

PH-COL

PART I: Complete the top portion of this form. Have the owner, partner, officer of the Collection Agency owning 10%, person(s) exercising managerial control, or those listed on the TR-COL who draw on the trust account(s) complete the remainder of the form. You are authorized to photocopy this form as necessary.

<p>A. COLLECTION AGENCY NAME (As it is to appear on Certificate of Registration)</p>	<p>B. FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER</p>
<p>C. COLLECTION AGENCY MAIN ADDRESS (Include Street Address, City, State, and ZIP Code)</p>	<p>D. ILLINOIS COLLECTION AGENCY REGISTRATION NUMBER (If new application, write N/A.)</p> <p style="text-align: center; font-size: 1.2em;">017-</p>
	<p>E. TELEPHONE NUMBER (Include Area Code)</p>
<p>F. COUNTY</p>	<p>G. MANAGER/ADMINISTRATOR-IN-CHARGE</p>
<p>H. TYPE OF OWNERSHIP <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company</p>	<p>I. NAME OF OWNER IF SOLE PROPRIETORSHIP</p>

PART II: This portion is to be completed by the owner, partner, officer or person of the Collection Agency owning 10% or more of the stock, person(s) exercising managerial control or those listed on the TR-COL who draw on the trust account(s) or if a separate legal entity, all persons owning 10% or more ownership interest.

<p>A. NAME (Last, First, Middle Initial)</p>	<p>B. TITLE OR POSITION HELD WITH AGENCY</p>	
<p>C. RESIDENCE ADDRESS (Include Street, City, State, and ZIP Code)</p>	<p>D. SOCIAL SECURITY NUMBER</p>	
	<p>E. DATE OF BIRTH</p>	<p>F. WHAT PERCENTAGE OF AGENCY DO YOU OWN?</p>

G. PERSONAL HISTORY QUESTIONS				YES	NO
1.	Have you or the corporation been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i>				
2.	Have you ever been an owner, partner, corporate officer of a Collection Agency, or a corporation which has been denied a professional license or permit, or had a license or permit ever disciplined by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>				
3.	Have you ever been adjudicated bankrupt? Please submit certified copies of the court records including the nature of the bankruptcy, date of discharge and statement. If yes, record date of bankruptcy: _____ Court of Jurisdiction: _____				
4.	Do you have any unsatisfied judgments outstanding against you? <i>If yes, complete the following:</i>				
	Name of Creditor	Date of Judgment	Court Where Entered	Legal basis for Judgement	

Name of
Collection Agency:

FEIN or SS#:

Profession Name:

COLLECTION AGENCY

H. LIST ALL EMPLOYMENT IN THE LAST 10 YEARS

NAME OF BUSINESS AND ADDRESS (Include Street, City, State, Zip Code)	POSITION	DATES OF EMPLOYMENT	DUTIES

PART III: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order? Yes No
(NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes? Yes No

PART IV: Certifying Statement

Under penalties of perjury, I declare that I have examined this supplemental application, that the answers appearing hereon are true and correct to the best of my knowledge and belief, and that I am the person listed in Part II, A, above

_____ Date

_____ Signature of Owner, Partner, or Corporate Officer of Agency

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.

FINANCIAL STATEMENT COLLECTION AGENCY

SUPPORTING DOCUMENT

FS-COL

PART I: Collection Agency Identifying Information - Completed form must be submitted with Application for Registration

<p>A. COLLECTION AGENCY NAME (As it is to appear on Certificate of Registration)</p>	<p>B. FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER</p>
<p>C. COLLECTION AGENCY MAIN ADDRESS (Include Street Address, City, State, and ZIP Code)</p>	<p>D. ACTUAL NAME OF COLLECTION AGENCY</p>
	<p>E. TELEPHONE NUMBER (Include Area Code)</p>
<p>F. COUNTY</p>	<p>G. MANAGER/ADMINISTRATOR-IN-CHARGE</p>
<p>H. TYPE OF OWNERSHIP <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company</p>	<p>I. NAME OF OWNER IF SOLE PROPRIETORSHIP</p>

PART II: Financial Statement

FINANCIAL STATEMENT AS OF _____, 20____

ASSETS	AMOUNT	LIABILITIES AND NET WORTH	AMOUNT
Cash on Hand and Due From Banks	\$ _____	Accounts and Notes Payable	
Bonds and Securities	_____	(a) Banks	\$ _____
Uncollected Fees	_____	(b) Collected Funds Due Customers	_____
Furniture, Fixtures, Equipment, Autos	_____	(c) Other Notes and Accounts Payable	_____
Real Estate	_____	Bonds and Debentures Payable	_____
Investments	_____	Other Liabilities	
Deferred Charges	_____	(a) _____	_____
Other Assets: (Itemized)		(b) _____	_____
(a) _____	_____	(c) _____	_____
(b) _____	_____	Total Liabilities	\$ _____
(c) _____	_____	Net Worth	\$ _____
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES AND NET WORTH	\$ _____

PART III: Certifying Statement

Under penalties of perjury, I declare that I have examined this supplemental application, that the answers appearing hereon are true and correct to the best of my knowledge and belief, and that I am legally authorized to sign for this agency.

_____ Date

_____ Signature of Owner, Partner, or Corporate Officer of Agency

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.	DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION BOND COLLECTION AGENCY	SUPPORTING DOCUMENT BD-COL
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FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER	ILLINOIS COLLECTION AGENCY REGISTRATION NUMBER (If applicable) 017-	BOND NUMBER	TYPE OF TRANSACTION <input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> RENEW LICENSE
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KNOW ALL PERSONS BY THESE PRESENTS, that _____ (Collection Agency)

_____ (Office Address)

of _____ County, Illinois, as principal, and _____ Name of Ins. Co. (must be authorized to transact fidelity and surety business in the State of Illinois)

_____ (Address)

as surety, are held and firmly bound unto the People of the State of Illinois, for the use of the State and of any creditor or creditors who obtain a judgment from a Court of competent jurisdiction based on the failure of the principal of this instrument to remit money collected on account and owed to the creditor, under the provisions of the Collection Agency Act (hereinafter referred to as Act), limited to the total aggregate amount of TWENTY-FIVE THOUSAND DOLLARS (\$25,000) for the payment of which will and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these present.

The condition of the above obligation is such that whereas the above bonded collection agency has applied for a license renewal of license to transact the business of collecting debts as is provided by law under the Act. This bond is continuous and shall remain in full force and effect until the license is terminated or not renewed by the Department of Financial and Professional Regulation, or until the bond is canceled by the Surety as provided below.

Now, if the Principal shall, upon the issuance of the license, conform to and abide by the provisions of the Act, including those rules, regulations and directions lawfully made by the Department of Financial and Professional Regulation, Division of Professional Regulation regarding the remittance of funds and will pay to the State and to any person or persons any and all moneys that may become due and owing to the State and to such person or persons from said obligors, under the provisions of the Act, then this obligation shall become void and the bond will not be used to settle the obligation; otherwise the bond will remain in full force and effect.

Moreover, the Surety shall have the right to cancel this bond and be released from all further liability hereunder at any time after a written notice stating when the cancellation shall take effect and served on or sent by certified mail return receipt requested to the Director of the Division of Professional Regulation, 320 West Washington Street, Springfield, Illinois 62786 at least 60 days prior to the date the cancellation shall take effect.

IN WITNESS WHEREOF, the said Principal and the said Surety have hereunto set their hands and seals at _____, Illinois, on this _____ day of _____, _____.

Surety's Agent	Corporation Seal
Street Address	
City, State, ZIP Code	Principal
Telephone Number	Attorney-in-Fact

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.

EMPLOYEE IDENTITY LISTING COLLECTION AGENCY

SUPPORTING DOCUMENT

EL-COL

PART I: Collection Agency Identifying Information - This form must accompany the initial Application for Registration as a Collection Agency. It may also be used to update data with the Department of Financial and Professional Regulation when you change an employee's fictitious name identity. You are authorized to photocopy this form as necessary.

<p>A. COLLECTION AGENCY NAME (As it is to appear on Certificate of Registration)</p>	<p>B. FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER</p>
<p>C. COLLECTION AGENCY MAIN ADDRESS (Include Street Address, City, State, and ZIP Code)</p>	<p>D. ILLINOIS COLLECTION AGENCY REGISTRATION NUMBER (If new application, write N/A.)</p> <p style="font-size: 24pt; text-align: center;">017-</p>
<p>F. COUNTY</p>	<p>E. TELEPHONE NUMBER (Include Area Code)</p>
<p>H. TYPE OF OWNERSHIP <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company</p>	<p>G. MANAGER/ADMINISTRATOR-IN-CHARGE</p>
<p>I. NAME OF OWNER IF SOLE PROPRIETORSHIP</p>	

PART II: Fictitious Names - List all fictitious names used by your agency collectors along with the collectors' real names.

FICTITIOUS NAME	ACTUAL NAME	ADD	CHANGE	DELETE

PART III: Certifying Statement

Under penalties of perjury, I declare that I have examined this document, that the answers appearing hereon are true and correct to the best of my knowledge and belief, and that I am legally authorized to sign for this agency.

Date
Signature of Owner, Partner, or Corporate Officer of Agency

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.

**TRUST ACCOUNT FINANCIAL REPORT
COLLECTION AGENCY**

MAINTENANCE DOCUMENT

TR-COL

NOTE: *This form should show the information and financial balance as of March 31 of the current year and must be submitted along with initial application and /or renewal to the Department of Financial and Professional Regulation, Division of Professional Regulation. (Debt Buyers are exempt from the TR-COL per Section 8.6 of the Collection Agency Act.)*

PART I: Collection Agency Identifying Information

A. COLLECTION AGENCY NAME (As it is to appear on Certificate of Registration)

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

C. COLLECTION AGENCY MAIN ADDRESS (Include Street Address, City, State, and ZIP Code)

D. ILLINOIS COLLECTION AGENCY REGISTRATION NUMBER

017-

E. TELEPHONE NUMBER (Include Area Code)

F. COUNTY

G. MANAGER/ADMINISTRATOR-IN-CHARGE

H. TYPE OF OWNERSHIP
 Corporation Partnership
 Sole Proprietorship Limited Liability Company

I. E-Mail

PART II: Trust Account Financial Report - *It will be necessary to complete Part III on the reverse side of this form prior to completing this portion of the form.*

1. Total Amount(s) in Trust Account(s)

a. Bank balance as of March 31, _____ \$ _____
 (Total of 1a, 2a, and (Current Year) 3a of Part III of reverse side)

b. Add deposits in transit \$ _____
 (Total of 1b, 2b, and 3b of Part III on reverse side)

c. Total (a + b) \$ _____

d. Less checks outstanding \$ _____
 (Total of 1d, 2d, and 3d of Part III of reverse side)

e. Book balance (c - d) \$ _____

2. Money Due Claimants as of March 31, _____ \$ _____
 (Current Year)

Enter the total amount owed to clients and not yet paid as of 3/31/(current year).

All checks mailed before 3/31/(current year), but not cleared on the March (or earlier) bank statement, must be included in Box 1, line d as outstanding checks.

Note: Items 1e should equal or exceed 2 in amount.

PART III: Identifying Information for Trust Accounts - Itemize each account maintained. If additional space is needed, you may photocopy this form.

Name of Collection Agency:

1.	ACCOUNT NAME	ACCOUNT NUMBER	BANK STATEMENT
	NAME AND ADDRESS OF BANK (Include Street, City, State, and ZIP Code)		a. Bank Balance as of March 31, _____ \$ _____
			b. Add deposits in transit (on books and not shown on bank statement) \$ _____
	PLEASE PRINT NAME(S) OF AUTHORIZED SIGNATURE(S) FOR TRUST ACCOUNT		c. Total (a + b) \$ _____
			d. Less checks outstanding \$ _____
			e. Book balance (c - d) \$ _____

2.	ACCOUNT NAME	ACCOUNT NUMBER	BANK STATEMENT
	NAME AND ADDRESS OF BANK (Include Street, City, State, and ZIP Code)		a. Bank Balance as of March 31, _____ \$ _____
			b. Add deposits in transit (on books and not shown on bank statement) \$ _____
	PLEASE PRINT NAME(S) OF AUTHORIZED SIGNATURE(S) FOR TRUST ACCOUNT		c. Total (a + b) \$ _____
			d. Less Checks Outstanding _____ \$ _____
			e. Book Balance (c - d) \$ _____

FEIN or SS#:

3.	ACCOUNT NAME	ACCOUNT NUMBER	BANK STATEMENT
	NAME AND ADDRESS OF BANK (Include Street, City, State, and ZIP Code)		a. Bank Balance as of March 31, _____ \$ _____
			b. Add deposits in transit (on books and not shown on bank statement) \$ _____
	PLEASE PRINT NAME(S) OF AUTHORIZED SIGNATURE(S) FOR TRUST ACCOUNT		c. Total (a + b) \$ _____
			d. Less Checks Outstanding _____ \$ _____
			e. Book Balance (c - d) \$ _____

Profession Name:

PART IV: Certifying Statement

COLLECTION AGENCY

Under penalties of perjury, I declare that I have examined this report, that the information appearing hereon is true and correct to the best of my knowledge and belief, and that I am legally authorized to sign for this agency.

_____ Date

_____ Signature of Owner, Partner, or Corporate Officer of Agency

BRANCH OFFICE APPLICATION COLLECTION AGENCY

FOR OFFICIAL USE ONLY

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.

INSTRUCTIONS

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| <ol style="list-style-type: none"> 1. Each branch office must have the same identical NAME and OWNERSHIP as that of the parent collection agency whose registration is shown in PART II below. A different name or different ownership will require separate registration and a new Application for Registration, Collection Agency form (IL486-0094), must be submitted. 2. Carefully complete the information below. SPECIAL NOTE should be given to the areas designated for the Collection Agency AS OPPOSED TO the Branch Office. FAILURE TO COMPLETE THE FORM PROPERLY WILL RESULT IN THE ISSUANCE OF AN INCORRECT BRANCH OFFICE REGISTRATION, and the agency will incur the cost of the production of a corrected registration. 3. Post office numbers are not acceptable for a main office | <p>address OR a branch office address.</p> <ol style="list-style-type: none"> 4. The Manager/Administrator-in-Charge (PART II, H) of each branch office must also file Supporting Document PH-COL (IL486-0093). 5. For submissions postmarked on or after January 1, 1996, each branch office application must be accompanied by a \$250 registration fee which is not refundable. Make checks payable to the Department of Financial and Professional Regulation. 6. Submit application, supporting documentation and fee to: Illinois Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, 320 West Washington, Springfield, IL 62786. |
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PART I: Application Category Information

A. PROFESSION NAME: COLLECTION AGENCY	B. PROFESSION CODE: 09	C. TYPE OF APPLICATION BRANCH LOCATION	D. FEE \$250
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PART II: Identifying Information

A. COLLECTION AGENCY NAME (As it is to appear on Certificate of Registration)	B. FEIN NUMBER (IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER)
C. BRANCH OFFICE HEADQUARTERS ADDRESS (Include Street Address, City, State, and ZIP Code)	D. COLLECTION AGENCY REGISTRATION NUMBER OF 017 -
	E. TELEPHONE NUMBER (Include Area Code)
F. COUNTY IN WHICH BRANCH IS LOCATED	G. TYPE OF OWNERSHIP <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company
H. MANAGER/ADMINISTRATOR-IN-CHARGE	I. E-MAIL ADDRESS (REQUIRED)

PART III: Certifying Statement

Under penalties of perjury, I declare that I have examined this application, that the answers appearing herein are true and correct to the best of my knowledge and belief, and that I am legally authorized to sign for this agency.

_____ Date

_____ Signature of Owner, Partner, or Corporate Officer of Agency

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the requested fee thereunder, but in no event shall such reduction be made in an amount greater than \$50.