

Michigan Department of Labor & Economic Growth
Bureau of Commercial Services
Licensing Division
COLLECTION AGENCY LICENSING
P.O. Box 30018, Lansing, MI 48909
517-241-9234
517-373-1044 Fax

CERTIFICATION BY LICENSING AGENCY/BOARD COLLECTION PRACTICES BOARD

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under Article 9 of Public Act 299 of 1980, as amended. Failure to comply may result in the license application not being processed.

APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. You are authorized to photocopy this form as necessary.

APPLICANT SECTION

A. Collection Agency Name (as it appears on the license)	B. Federal ID Number Or, If Sole Proprietorship, Social Security Number
C. Collection Agency Main Address	D. Telephone Number (Include Area Code)
E. County	F. Manager or Owner/Manager Name
G. Type of Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship	H. Name of Owner if Sole Proprietorship

DATA RELATIVE TO COLLECTION AGENCY IN STATE FROM WHICH CERTIFICATION IS BEING REQUESTED

1. Collection Agency Name	2. Any Assumed Name Under Which Collection Agency did or is Doing Business in that State
3. Collection Agency Address (Include Street Address, City, State, and Zip Code)	4. License, Registration, or Permit Number (if applicable)
	5. Issuance Date of License, Certificate of Registration or Permit

I hereby authorize _____ to furnish to the Michigan Department of Labor & Economic Growth, Collection Practices Board, the information requested below.

Date _____ Signature _____

DO NOT RETURN COMPLETED FORM TO APPLICANT

LICENSING AGENCY SECTION: The Michigan Department of Labor & Economic Growth, Collection Practices Board, will accept forms of certification provided all applicable information requested on this form is contained in the Certification. Please record N/A in areas not applicable.

A. Name of Collection Agency as it Appears on License, Certification of Registration or Permit	B. Current Status of License <input type="checkbox"/> Active <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive <input type="checkbox"/> Other _____
C. Type of Authorization and Number (if applicable) <input type="checkbox"/> License No. _____ <input type="checkbox"/> Registration No. _____ <input type="checkbox"/> Permit No. _____	D. Issuance Date
	E. Expiration Date

F. DISCIPLINARY QUESTIONS

1. Is there or has there ever been any disciplinary action commenced against the aforementioned collection agency? Yes No
2. Has there ever been any formal sanctions imposed against the aforementioned collection agency as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? Yes No
(If yes, attach certified copy of disciplinary action)

I certify that the information contained herein is true and correct according to the official records of the

State of _____ .

Print Name

Title

Agency/Board Street Address

City, State, Zip Code

Signature

Date

Telephone Number

RETURN TO: Michigan Department of Labor & Economic Growth
Collection Practices Board
P.O. Box 30018
Lansing, MI 48909

DIRECT QUESTIONS TO: Telephone: 517-241-9234
Fax: 517-373-1044