

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Commercial Services - Licensing Division
 COLLECTION AGENCY LICENSING
 P.O. Box 30018, Lansing, MI 48909
 517-335-6073 Fax: 517-373-1044
 www.michigan.gov/collections

COLLECTION AGENCY LICENSE APPLICATION

AUTHORITY: P.A. 299 of 1980, as amended
 COMPLETION: Mandatory
 PENALTY: Failure to complete may result in denial of your application

SECTION 1 - General Applicant Information - TYPE OR PRINT RESPONSES IN BLACK INK				
Name of Collection Agency			Collection Agency Permanent ID Number, if relicensing 2401	
Assumed Name, if applicable			Federal Employer I.D. Number	
Address (Number, Street - Do Not Use a PO Box Only)			Michigan Corporation ID Number	
City	State	ZIP	Daytime Telephone Number	
Check Type of Business Structure <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation				
Owner/Manager Title <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Member <input type="checkbox"/> Office Held _____				
Check Type of Agency <input type="checkbox"/> Collection Agency \$5,000 Surety or Cash Bond required to apply <input type="checkbox"/> Repossession Agency \$10,000 Surety or Cash Bond required to apply				
SECTION 2 - Owner-Manager Information (Non-Owner Managers Apply Separately)				
Name of Owner-Manager (First, Middle, Last)			Date of Birth	Social Security Number
Address (Number, Street)		City	State	ZIP
Home Telephone Number		E-mail Address		Owner-Manager ID Number, if applicable 2402
FEE PAYMENT INFORMATION (Check One)			FOR OFFICE USE ONLY - VALIDATION	
<input type="checkbox"/> New License	Fee - \$225.00	2401-01		
<input type="checkbox"/> Relicensure	Fee - \$245.00	2401-06		
<input type="checkbox"/> Reinstatement*	Fee - \$100.00	2401-50		
(*license has been revoked by the Department/Board and you wish a new application to be considered.)				
\$100.00 OF EACH FEE IS NON-REFUNDABLE				
Make your check or money order in U.S. Currency payable to: STATE OF MICHIGAN				
FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979, AS AMENDED AND R338.943 AND R338.944.				

SECTION 3- Owner Background Information - Please check appropriate box and provide details where requested.

1. Has the owner ever held a Michigan Collection Agency License?

 Yes - Give dates and name of licensed agency, license ID Number and approximate date: No

2. Has the owner ever held a Collection Agency License in any other state?

 Yes - Give date(s): No

By signing this application, applicant is attesting that the licensed collection agency named is in good standing in each state in which they currently held or in which a collection agency license was ever held.

3. Has the owner ever been convicted of a felony?

 Yes - Please download the form BCS/LCE-020 "Request for Conviction History of Applicant". The form can be downloaded and completed to accompany this application. See www.michigan.gov/collections and select Forms & Publications. The form must be included to avoid delays in processing your application. No

4. Has the owner ever had disciplinary action taken against any license, registration, certificate or permit now held or that he/she ever held? (Includes but is not limited to final orders, suspension, revocation, denial, cease and desist order, etc.)

 Yes - Please download the form BCS/LCE-021 "Request for Disciplinary Action Information". The form can be downloaded and completed to accompany this application. See www.michigan.gov/collections and select Forms & Publications. The form must be included to avoid delays in processing your application. No

5. Has the owner named in the Application ever used another name?

 Yes - Explain: No**SECTION 4- Certification and Signatures - This portion MUST be properly signed before your application for a collection agency license will be processed.**

I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law. I hereby authorize the Michigan Department of Licensing and Regulatory Affairs and its agents to examine the books and records and check civil, criminal, and administrative records at the discretion of the Department.

(Owner/Manager Signature)

(Date)