

Michigan Department of Licensing and Regulatory Affairs
Bureau of Commercial Services - Licensing Division
COLLECTION AGENCY LICENSING
P.O. Box 30018, Lansing, MI 48909
517-373-7353; Fax: 517-373-1044
www.michigan.gov/collections

FOR OFFICE USE ONLY	
Date of Exam	Date of Issuance
<input type="checkbox"/> Passed <input type="checkbox"/> Failed	I.D. Number

COLLECTION AGENCY MANAGER LICENSE APPLICATION

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

APPLICANT INSTRUCTION AND INFORMATION:

1. Please print in black ink or type your responses.
2. The Department will obtain and review credit information in accordance with the Fair Credit Reporting Act for the agency Owner/Manager and all principals of the agency. Applicants may be asked to clarify items which could have an impact on whether a license can be issued.
3. All out-of-state applicants must fill out a Consent to Service of Process form. Form can be downloaded at: www.mi.gov/collections.
4. Examinations are administered by PSI Service, LLC. When the application is approved, the Department will notify you to register for the exam at: www.psiexams.com.
5. All licenses expire on June 30th, annually.

SECTION 1 - GENERAL APPLICATION INFORMATION - Type or print responses in black ink

Applicant's Name (Last, First, Middle)		Permanent ID Number if Applying for Relicensure	
Applicant's Home Address (Street, City, State, ZIP) NO PO BOX		Date of Birth	% of Stock Held
Social Security Number	Daytime Telephone Number	Applicant E-mail Address	
Name of Collection Agency	Name of Agency Owner or President	If currently licensed: Agency Permanent ID#	
Complete Address of Collection Agency (Street, City, State, ZIP) NO PO Box			
Signature of Agency Owner or President			

SECTION 2 - MANAGER INFORMATION (Check One)

- Owner-manager: Complete for Information Only
 Principal Manager
 Principal Manager Replacing: _____
 Back-Up Manager

FEE PAYMENT INFORMATION (Check Appropriate Box)

- | | | |
|--|---------------|---------|
| <input type="checkbox"/> NON-OWNER MANAGER LICENSE | Fee: \$ 85.00 | 2402-01 |
| <input type="checkbox"/> OWNER MANAGER - INFORMATION ONLY | No Fee | |
| <input type="checkbox"/> NON-OWNER MANAGER RELICENSURE
(License has been expired/lapsed more than 60 days
after June 30 expiration date) | Fee: \$105.00 | 2402-06 |

\$35.00 OF EACH LICENSE 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.

FOR OFFICE USE ONLY - VALIDATION

SECTION 3 - BACKGROUND INFORMATION - Please check appropriate box and provide details where requested

Have you 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

Have you ever had disciplinary action taken against any license, registration, certificate or permit you now hold or have 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

Have you ever held a collection agency manager or owner/manager license in any other state(s)? If yes, please list all states in which you have ever held or currently hold a collection agency or manager license. By signing this application, you are attesting that this manager is in good standing in each state in which he/she currently holds or have held a collection manager license.

Yes States: _____ No

Relicensure Applicants: If you have ever held a Michigan license as an owner-manager or manager of a collection agency, you must apply for relicensure. Have you ever used another name under which records may be filed? If yes, please provide:

Yes Previous license information or other name used: _____ No

Please indicate the level of education achieved by checking the box below:

High School GED College

SECTION 4 - VERIFICATION OF EXPERIENCE (Attach Additional Sheets as Necessary)

1a. **COLLECTION EXPERIENCE:** Section 911(B) and Rule 5 state collection agency owners or managers must have at least 6 months of full-time experience in the collection of accounts. Do you meet this requirement? (If applying for a license to repossess, go to question #2.)

Yes No

1b. The 1,000 hours must be earned through experience which includes collection of debts and property from consumers or debtors AND through employment with a licensed collection agency or the credit or collection department of a business or financial institution engaged in collecting debts on its own behalf. (see Rule 5 for further detail.) List collection agency/agencies where you gained experience:

Name of Agency	From(date) _____ to _____	Hours:
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Complete Mailing Address (No PO Box)

Contact Person	Daytime Telephone number
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Name of Agency	From(date) _____ to _____	Hours:
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Complete Mailing Address (No PO Box)

Contact Person	Daytime Telephone number
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Name of Agency	From(date) _____ to _____	Hours:
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Complete Mailing Address (No PO Box)

Contact Person	Daytime Telephone number
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Name of Agency	From(date) _____ to _____	Hours:
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Complete Mailing Address (No PO Box)

Contact Person	Daytime Telephone number
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2a. **REPOSSESSION EXPERIENCE:** Section 901 (b) and Rule 5 define a collection agency as "...a person directly...repossessing or attempting to repossess a thing of value.." Have you met the six month experience requirement in repossessing?

Yes

No

2b. The 1,000 hours must be earned through experience which includes collection of debts and property from consumers or debtors AND through employment with a licensed collection agency or the credit or collection department of a business or financial institution engaged in collecting debts on its own behalf. (see Rule 5 for further detail.) List collection agency/agencies where you gained experience:

Name of Agency	From(date) _____ to _____	Hours:
Complete Mailing Address (No PO Box)		
Contact Person	Daytime Telephone Number	
Name of Agency	From(date) _____ to _____	Hours:
Complete Mailing Address (No PO Box)		
Contact Person	Daytime Telephone Number	
Name of Agency	From(date) _____ to _____	Hours:
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Contact Person	Daytime Telephone number	
Name of Agency	From(date) _____ to _____	Hours:
Complete Mailing Address (No PO Box)		
Contact Person	Daytime Telephone number	
Name of Agency	From(date) _____ to _____	Hours:
Complete Mailing Address (No PO Box)		
Contact Person	Daytime Telephone number	

SECTION 5 - Applicant's Certification

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 mad on this application. I am aware that a false statement or dishonest answer may be grounds for denial of may application or disciplinary action against my license, or may be punishable by law. I hereby authorize the Department of Licensing and Regulatory Affairs and its agents to investigate any statements made by me in application, including checking criminal, civil and administrative records. I further authorize the Department or its agents to examine by books and records at the Department's discretion.

Applicant's Signature

Date