



STATE OF WYOMING

DEPARTMENT OF AUDIT

DIVISION OF BANKING Collection Agency Board

(307) 777-3497 Fax (307) 777-3555 Email: wyoingbankingdivision@wyo.gov

Matthew H. Mead
Governor

Jeffrey C. Vogel
Director

Albert L. Forkner
Commissioner

Memorandum

To: Licensee
From: Licensing Specialist
Re: License Renewal Application

To continue doing business in the State of Wyoming as a collection agency, the following forms attached need to be completed during the renewal process:

- **Renewal Application form.** Please read it carefully and complete it in its entirety.
- **Bank Account Information Form.**
- **Current Certificates of Good Standing and/or Fact.** (Dated not more than sixty (60) days prior to filing in Wyoming, duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country of formation.)
- **Financial Statement.** (Enclosed form only & completed entirely.) ***The cash on hand Trust and Payable to Clients must be completed or provide a brief explanation of any zero balances.***

The Board requires all licensees to include a **Certificate of Continued Coverage** for their surety bond with the renewal package. The Certificate is to be issued by the surety company. The Company **FEIN#** is also requested at this time.

To continue as a collection agency in Wyoming, all completed forms and the renewal fee of \$150.00 must be received no later than **forty-five (45) days prior to the expiration date of the license.** The new Board approved original **renewal license will be sent to the Wyoming Resident Manager who will forward a copy to the corporate office.**

If you have any questions, please contact our office.

Attachments



STATE OF WYOMING

DEPARTMENT OF AUDIT

Matthew H. Mead
Governor

Jeffrey C. Vogel
Director

Albert L. Forkner
Commissioner

DIVISION OF BANKING Collection Agency Board

(307) 777-3497 Fax (307) 777-3555 Email: wyoingbankingdivision@wyo.gov

RENEWAL COLLECTION AGENCY LICENSE APPLICATION

Each License shall be renewed annually not less than forty-five (45) days before the expiration date. All applicants must complete the application, sign and date the application in the presence of a notary at the bottom of the form. ADDENDUMS/EXHIBITS are acceptable, provided each contain the required information. The completed application shall be LEGIBLE and filled out COMPLETELY. If a question is not applicable, please advise so in writing. Please answer all questions, leaving no part of the application blank.

1. License # _____ FEIN#: _____
2. Applicant is a _____
[SP=Sole Proprietor, C=Corporation, LLC=Limited Liability Company, LP=Limited Partnership, GP=General Partnership, O=Other]
3. Agency Name: _____
4. List of all dba's (Only in Wyoming): _____

5. Wyoming Resident Manager's Name: _____
6. Resident Manager Address: _____
7. Wyoming phone number: _____ Wyoming fax number: _____
8. Wyoming E-Mail: _____
9. Corporate web-site address: _____
10. Corporate licensing contact person's name, address, **direct phone number**, fax number, and **e-mail address**:

11. Name of shareholders owning 10% or more (Attach a list of current owners' names):

12. There have been no changes in agency officers since the last renewal.
 There have been changes to the agency's officers since the last renewal.
Attach a list of current officers' names, titles, and addresses if applicable.
13. Has your agency or any member had a license to conduct a collection agency denied, not renewed, suspended or revoked by this state or any other state?
 Yes No If "yes" attach an explanation.
14. Has your agency or any member been convicted in any court of a felony involving forgery, embezzlement, obtaining money under false pretenses, larceny, extortion, fraud, or conspiracy to commit fraud?
 Yes No If "yes" attach an explanation.

-
15. Has your agency or any member had a judgment entered against him in any civil action involving forgery, embezzlement, obtaining money under false pretenses, larceny, extortion, fraud or conspiracy to commit fraud? Yes No If "yes" attach an explanation.
16. Has your agency or any member failed to pay or satisfy any judgment debt or penalty imposed by a court? Yes No If "yes" attach an explanation.
17. List the individual(s) in your agency responsible for monitoring Wyoming Statutes (33-11-101 through 33-11-116) and the rules and regulations of the Wyoming Collection Agency Board.

Name and Title: _____

18. ALL AGENCIES: Attach a copy of all current collectors who use desk names and list their desk names. Check here if your agency does not use desk names.
19. ALL AGENCIES: Attach the completed Bank Account Information form.
20. ALL AGENCIES: Attach a copy of a current Wyoming Certificate of Good Standing Dated not more than sixty (60) days prior to filing in Wyoming, duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country of formation. (To obtain a copy, visit the Wyoming Secretary of State's web site at: <https://wyobiz.wy.gov/Business/ViewCertificate.aspx>).
21. FOR OUT-OF-STATE AGENCIES ONLY: The completed application must be accompanied by an **original certificate of existence/good standing**, dated not more than sixty (60) days prior to filing in Wyoming, duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country of formation. (To obtain a copy from your state, you may access a list of all states' database links at: <http://soswy.state.wy.us/Business/Business50.aspx>).
22. ALL AGENCIES: Attach a completed Financial Statement. **Use the Board's form only. Complete Cash on hand (trust account) and Payable to clients or provide brief explanation of why there are no funds posted to these line items.**

23. ALL AGENCIES: Attach a current copy of the "Certificate of Continued Coverage" for your \$10,000.00 bond from the Surety Company.

24. ALL AGENCIES: Renewal Fee of \$150.00 made payable to the *Wyoming Collection Agency Board*.

25. Please review form prior to submitting to the Collection Agency Board to ensure all areas have been completed to avoid a delay in the processing of your documents.

****Member is defined as Owner, Officer, Director, Partner or Resident Manager****

IN WITNESS WHEREOF the application has been executed this ____ day of _____, 20____, on behalf of, and with the authority of said applicant, the information and statements contained therein, including exhibits attached thereto, and other information filed therewith, all of which are made a part hereof, are correct, true and complete. The applicant further represents that to the extent that information previously submitted is not correct, such information is currently accurate and complete.

Authorized Officer's Signature before a Notary

Date of Authorized Officer's Signature

Authorized Officer's printed Name and Title

NOTARY'S ACKNOWLEDGMENT

In the State of _____, County of _____

The foregoing application was acknowledged and signed before me by:

_____ this ____ day of _____, 20____.
Name of Authorized Officer

Notary Public's Signature

NOTARY SEAL

My commission expires: _____



STATE OF WYOMING
DEPARTMENT OF AUDIT

Matthew H. Mead
Governor

Jeffrey C. Vogel
Director

Albert L. Forkner
Commissioner

DIVISION OF BANKING
Collection Agency Board

(307) 777-3497 Fax (307) 777-3555 Email: wyoingbankingdivision@wyo.gov

BANK ACCOUNT INFORMATION

Collection Agency Name (agency): _____

TRUST ACCOUNT INFORMATION

Trust Account Number _____
Name of Bank _____
Address of Bank _____

OPERATING ACCOUNT INFORMATION

Operating Account Number _____
Name of Bank _____
Address of Bank _____

The agency hereby authorizes the above-named financial institutions to release information concerning the accounts of the agency to the Wyoming Collection Agency Board at any time.

I hereby swear and affirm under penalty of perjury that the information provided above and the following information is true and correct:

1. The trust account listed above is used for the benefit of the agency's clients located in the State of Wyoming. The account may also be used for the benefit of the agency's other clients.
2. The funds maintained in the trust account must, at all times, contain sufficient funds to pay all sums due and owing to all of the agency's clients.
3. The funds maintained in the trust account are used only for purposes of paying the agency's clients and the account is not used as an operating account.

Authorized Signatory for Collection Agency

Date _____

Typed (or Printed) Name and Title of Signatory



STATE OF WYOMING

DEPARTMENT OF AUDIT DIVISION OF BANKING COLLECTION AGENCY BOARD

Herschler Building, 3 East
122 West 25th Street
Cheyenne, WY 82002
(307) 777-3497

BUSINESS INFORMATION FORM B1

Financial Statement

PART ONE: GENERAL INFORMATION

1. Name of Applicant _____

2. **Date as of which Financial Information is presented** _____ *(not more than six months before filing date)*

PART TWO: FINANCIAL INFORMATION

Assets

Current Assets:

Cash on hand or in bank (regular) \$ _____

Cash on hand or in bank (trust account) **Required Field** _____

Due from clients _____

Other receivables *(exclude accounts placed with licensee for collection)* _____

Notes receivable _____

Other deposits _____

Prepaid expenses or taxes _____

Inventory and supplies _____

Automotive equipment _____

Other current assets *(itemize)* _____

Total current assets

\$ _____

Fixed Assets:

Real estate \$ _____

Office equipment, furniture & fixtures _____

Other fixed assets *(itemize)* _____

Total fixed assets

\$ _____

Total Assets

\$ _____

Liabilities

Current Liabilities:

Accounts payable \$ _____

Notes payable to banks (1 year or less) _____

Notes payable to others (1 year or less) _____

Taxes payable _____

Payable to clients **Required Field** _____

Salaries due _____

Other current liabilities *(itemize)* _____

Total current liabilities

\$ _____

Long Term Liabilities:

Real estate mortgages \$ _____

Notes payable to banks (over 1 year) _____

Notes payable to others (over 1 year) _____

Other long term liabilities *(itemize)* _____

Total long term liabilities

\$ _____

Total Liabilities

\$ _____

Equity Or Net Worth

Total Assets less Total Liabilities

\$ _____

PART THREE: AVERAGE MONTHLY OPERATING EXPENSE INFORMATION

The Applicant's estimated average monthly operating expenses are: _____

PART FOUR: VERIFICATION

State of _____, County of _____, ss.

The undersigned, being duly sworn under oath, depose and say the foregoing Financial Statement is true, accurate and correct, as shown by the books and records of the Applicant. Permission is hereby given to the Collection Agency Board of the State of Wyoming to examine the books and records of the Applicant to verify the contents of the foregoing Financial Statement. The undersigned further certifies that he or she has executed the foregoing Financial Statement for and on behalf of the Applicant, being duly authorized to do so.

Acknowledgement

Name of Applicant (leave blank if individual)

State of _____)
) ss.
County of _____)

By: _____
Authorized Signatory to sign for Applicant

The foregoing Financial Statement was acknowledged before me
by _____

Printed/Typed Name (and Title, if applicable) of Signatory

and by _____,

By: _____
Authorized Signatory to sign for Applicant

on this _____ day of _____, 20____.

Printed/Typed Name (and title, if applicable) of Signatory

Witness my hand and official seal.

(SEAL)

Notary Public
My commission expires: _____

This BUSINESS INFORMATION FORM is completed in connection with, in support of, and attached to the Application for Collection Agency License made by the Applicant. All information set forth above is subject to the Verification in the Application. Knowingly making a false statement of a material fact on this Form will result in denial of the Application and subject the Applicant to criminal penalties for perjury under W.S. 6-5-301 and/or W.S. 6-5-303.



STATE OF WYOMING
DEPARTMENT OF AUDIT

DIVISION OF BANKING
Collection Agency Board

(307) 777-3497 Fax (307) 777-3555 Email: wyoingbankingdivision@wyo.gov

Matthew H. Mead
Governor

Jeffrey C. Vogel
Director

Albert L. Forkner
Commissioner

ALIAS/DESK NAME

(Rules and Regulations Chapter IV - Section 2)

*****This form must be completed for all New and Renewal applications. If your agency does not use alias/desk names, please note on this form annually. *****

Additional names which come into use during the year and any names discontinued shall be reported to the Collection Agency Board within 30 days of the time such additions or deletions are made within any agency. Please report only those changes to collectors that call into Wyoming.

Collection Agency Name

City

State

NAME OF EMPLOYEE OR COLLECTOR

DESK NAME USED

Signature of Applicant or Resident Manager

Printed Name & Title

Date