



# 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) 777-7797 Fax (307) 777-3555 Email: [wyoymingbankingdivision@wyo.gov](mailto:wyoymingbankingdivision@wyo.gov)

## APPLICATION FOR COLLECTION AGENCY LICENSE

(LIMITED PARTNERSHIPS AND LIMITED LIABILITY LIMITED PARTNERSHIPS)

The undersigned Applicant hereby applies for a Wyoming license to conduct the business of a collection agency under W.S. 33-11-101 through 33-11-116, relating to collection agencies and providing for the regulation, bonding and licensing thereof. ***Under W.S. 33-11-108, within twenty (20) days after notification that this Application has been approved, the Applicant shall file and thereafter maintain with the Board a Surety Bond in form and content approved by the Board. The Board shall not issue the license unless and until it shall have first received and approved the Surety Bond.***

Attach the required filing fee. Checks must be made payable to the State of Wyoming:

- Original License \$500.00
- Wyoming Branch Office - Original License \$500.00

### INFORMATION ABOUT APPLICANT AND LICENSED LOCATION

1. Name of Applicant

FEIN:

Corporate web-site address:

Age (if an individual)

2. Form of Organization (check one)

- an individual person
- a corporation
- a general partnership or joint venture
- a limited partnership

- a limited liability company
- a registered limited liability partnership
- a registered limited liability limited partnership

3. State of Residency or Organization

**Individuals:** Residing in the State or Commonwealth of:

**Entities:** Organized, formed, and existing in good standing under the laws of the State or Commonwealth of:

4. All trade names under which applicant will conduct business at this licensed location. Attach additional sheets, if necessary.

5. Name of Applicant's Proposed Wyoming Resident Manager

6. Address of Applicant's Proposed Wyoming Resident Manager *Do not use a post office box.*

7. Wyoming Contact Information

Telephone:

E-mail:

Fax:

Web Site:

8. Mailing Address of Applicant's Proposed Wyoming Resident Manager (street or post office box) (if same as line 6, so state)

<b>9. Attach Business Information Form</b> (check appropriate box)	<input type="checkbox"/> <b>Form A1</b> Individuals & Sole Proprietorships	<input type="checkbox"/> <b>Form A4</b> Limited Partnerships & Registered Limited Liability Limited Partnerships
	<input type="checkbox"/> <b>Form A2</b> Corporations	<input type="checkbox"/> <b>Form A5</b> Limited Liability Companies
<input type="checkbox"/> <b>Form A3</b> General Partnerships, Joint Ventures & Registered Limited Liability Partnerships		

<b>10. Applicant's Business References</b> (provide at least five)	Name and Address
	Name and Address
	Name and Address
	Name and Address
	Name and Address

## REGULATORY HISTORY OF THE APPLICANT

<b>11. Prior Licenses.</b> Has the Applicant or any owner, officer, director, partner or resident manager thereof ("members") ever been licensed as a collection agency anywhere?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," list original license date and state where licensed. ( <i>Attach additional sheets, as necessary.</i> )
<b>12. Terminated Licenses.</b> Has the Applicant or any member thereof had a license to conduct a collection agency denied, not renewed, suspended or revoked anywhere for any reason other than nonpayment of licensing fees or failure to meet bonding requirements?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," when and where? ( <i>Attach additional sheets, as necessary.</i> )
<b>13. Convictions.</b> Has the Applicant or any member thereof been convicted of a felony involving forgery, embezzlement, obtaining money under false pretenses, larceny, extortion, fraud, or conspiracy to commit fraud?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," when and where? ( <i>Attach additional sheets, as necessary.</i> )
<b>14. Judgments.</b> Has the Applicant or any member thereof had a judgment entered against it in any civil action involving forgery, embezzlement, obtaining money under false pretenses, larceny, extortion, fraud or conspiracy to commit fraud?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," when and where? ( <i>Attach additional sheets, as necessary.</i> )
<b>15. Court Debts.</b> Has the Applicant or any member thereof failed to pay or satisfy any judgment or penalty imposed by a court?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," when and where? ( <i>Attach additional sheets, as necessary.</i> )
<b>16. Wyoming Noncompliance.</b> Has the Applicant or any member thereof knowingly failed to comply with or violated any provision of W.S. 33-11-101 through W.S. 13-11-116 or the Rules and Regulations of the Board?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," when and where? ( <i>Attach additional sheets, as necessary.</i> )



# 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) 777-7797 Fax (307) 777-3555 Email: [wyoimbankingdivision@wyo.gov](mailto:wyoimbankingdivision@wyo.gov)

### *Limited Partnerships & Limited Liability Limited Partnerships*

#### BUSINESS INFORMATION ABOUT LIMITED PARTNERSHIP APPLICANT

<b>17. Name of Applicant</b>	<b>Exchange Ticker Symbol</b> (publicly-traded companies only)						
<b>18. State of Formation</b>	<b>Wyoming Companies:</b> Attach recent Good Standing Certificate issued by the Office of the Wyoming Secretary of State. <b>Foreign Companies:</b> Attach recent similar status certificate issued by your home state's corporation-chartering authority.						
<b>19. Issue Date of Wyoming Certificate of Authority</b> <i>(foreign companies only)</i>	<b>Foreign Companies Only:</b> Attach recent Good Standing Certificate issued by the Office of the Wyoming Secretary of State.						
<b>20. Principal Place of Business</b>  <i>Provide information for the Applicant's main office, whether in or outside of Wyoming.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px dotted black; padding: 2px;">a. Street Address</td> <td style="width: 50%; border-bottom: 1px dotted black; padding: 2px;">b. City, State &amp; ZIP Code</td> </tr> <tr> <td style="border-bottom: 1px dotted black; padding: 2px;">c. Mailing Address (if different)</td> <td style="border-bottom: 1px dotted black; padding: 2px;">d. City, State &amp; ZIP Code</td> </tr> </table>	a. Street Address	b. City, State & ZIP Code	c. Mailing Address (if different)	d. City, State & ZIP Code		
a. Street Address	b. City, State & ZIP Code						
c. Mailing Address (if different)	d. City, State & ZIP Code						
<b>21. Licensing Contact Person</b>  <i>Provide information sufficient for the Board to contact and correspond with the Applicant.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px dotted black; padding: 2px;">a. Name of Licensing Contact Person</td> <td style="width: 50%; border-bottom: 1px dotted black; padding: 2px;">b. Contact Person's Telephone Number</td> </tr> <tr> <td style="border-bottom: 1px dotted black; padding: 2px;">c. Title of Contact Person</td> <td style="border-bottom: 1px dotted black; padding: 2px;">d. Contact Person's Fax Number</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px dotted black; padding: 2px;">e. Contact Person's Email Address (if any)</td> </tr> </table>	a. Name of Licensing Contact Person	b. Contact Person's Telephone Number	c. Title of Contact Person	d. Contact Person's Fax Number	e. Contact Person's Email Address (if any)	
a. Name of Licensing Contact Person	b. Contact Person's Telephone Number						
c. Title of Contact Person	d. Contact Person's Fax Number						
e. Contact Person's Email Address (if any)							
<b>22. General Partners</b>  <i>Use additional sheets to list more than one General Partner.</i>  <i>If any General Partner is also an entity, provide corresponding information on that entity, as well.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px dotted black; padding: 2px;">a. Name of General Partner</td> <td style="width: 50%; border-bottom: 1px dotted black; padding: 2px;">b. Mailing Address of General Partner (if different from Applicant)</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px dotted black; padding: 2px;">c. State and Form of Organization (leave blank if an individual)</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px dotted black; padding: 2px;">d. Name and Title of Authorized Signatory (omit title if an individual)</td> </tr> </table>	a. Name of General Partner	b. Mailing Address of General Partner (if different from Applicant)	c. State and Form of Organization (leave blank if an individual)		d. Name and Title of Authorized Signatory (omit title if an individual)	
a. Name of General Partner	b. Mailing Address of General Partner (if different from Applicant)						
c. State and Form of Organization (leave blank if an individual)							
d. Name and Title of Authorized Signatory (omit title if an individual)							

**23. Limited Partners**

*Each limited of 10% or more of the partnership interests in the Applicant must be listed. Use additional sheets to list more than four limited partners.*

*Explain on additional sheets if the Applicant has no limited partners.*

*This section does not apply to publicly-traded companies that provide their exchange ticker symbol on line 1 above.*

a. Limited Partner's Name	b. Limited Partner's Mailing Address	c. Ownership (%)
d. Limited Partner's Name	e. Limited Partner's Mailing Address	f. Ownership (%)
g. Limited Partner's Name	h. Limited Partner's Mailing Address	i. Ownership (%)
j. Limited Partner's Name	k. Limited Partner's Mailing Address	l. Ownership (%)

**24. Business Experience of General Partners during past Five Years**

*Use additional sheets if necessary.*

a. Describe general business experience of Partner #1
b. Describe general business experience of Partner #2
c. Describe general business experience of Partner #3
d. Describe general business experience of Partner #4

**REGISTERED LIMITED LIABILITY LIMITED PARTNERSHIPS**

**25. Date of Filing of State of Registration in Wyoming**

*This Part applies only to a limited partnership that has filed a Statement of Registration in Wyoming to avail itself of limited liability of its general partners and other statutory privileges.*

**Wyoming Companies:** Attach recent Good Standing Certificate issued by the Office of the Wyoming Secretary of State.

**Foreign Companies:** Attach recent similar status certificate issued by your home state's chartering or registration authority.



**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) 777-7797 Fax (307) 777-3555 Email: [wyoingbankingdivision@wyo.gov](mailto:wyoingbankingdivision@wyo.gov)

**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**

<i><b>NAME OF EMPLOYEE OR COLLECTOR</b></i>	<i><b>DESK NAME USED</b></i>
---	------------------------------

---



---



---



---



---



---



---



---



---



---



---



**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) 777-7797 Fax (307) 777-3555 Email: [wyoimbankingdivision@wyo.gov](mailto:wyoimbankingdivision@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 contain, at all time, sufficient funds to pay all sums due and owing to all of the agency's clients.

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.

**\*\*\*Please Note\*\*\***

*Per Chapter 2 Section 3 of the Wyoming Collection Agency Board Rules:*

*Each licensee shall maintain, at all times, a trust account for the benefit of its clients which shall contain, at all times, sufficient funds to pay all sums due or owed to clients. The trust account shall be maintained at a bank, savings and loan association, savings bank or credit union which is insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration, until disbursed to the creditor. Such account shall be clearly designated as a trust account and shall be used only for such purposes and not as an operating account. A deposit of all funds received to a trust account followed by a transfer of the agency share of the collection to an operating account is not a violation of this section.*

**GENERAL INFORMATION**

26. Name of Applicant

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

**FINANCIAL INFORMATION**

**Assets**

**Current Assets:**

Cash on hand or in bank (regular)	\$ _____
<b>Cash on hand or in bank (trust account)</b>	<b>*Required Field</b> _____
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	_____
<b>Payable to clients</b>	<b>*Required Field</b> _____
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** \$ \_\_\_\_\_

**AVERAGE MONTHLY OPERATING EXPENSE INFORMATION**

The Applicant's estimated average monthly operating expenses are: \_\_\_\_\_

\*\*If the **required fields** are left blank, lists zero (0) or if "payable to clients" is greater than "cash on hand" an explanation must be provided to the board\*\*

**GENERAL INFORMATION**

**1. Name of Applicant**

**SUMMARY OF POLICIES AND PROCEDURES**

Attach an overview **summary** of the Applicant’s policies and procedures to include: (1) the type of clients or debts that the agency solicits and acknowledge compliance with the Rules and Regulations of the Collection Agency Board, Chapter 4, Section 3. (2) how trust accounts are handled and reconciled, (3) liability insurance coverages, and (4) how any client confidences are protected. (5) Add any other reasonably related matters. **Do not attach training or procedure manuals or other voluminous materials; provide only a SUMMARY.**

**SUMMARY OF ACCOUNT COLLECTION METHODS**

Attach a **summary** description of the methods that the Applicant uses to collect Wyoming accounts to include: (1) how an account is referred to the Applicant for collection, (2) how the account is evaluated for collection success, (3) what and when notices and other communications are sent to debtors, (4) how validations are handled, (5) how debtors are permitted to pay, (6) how debtor payments are handled, deposited and accounted for to both the debtor and the client, (7) how and when employees are trained, (8) how compliance with FDCPA and other collection laws is assured, (9) how difficult accounts are handled, (10) levels of managerial supervision, (11) how litigation decisions are evaluated, recommended and effected (12), how litigation is referred, and (13) how litigation is styled. Add any other reasonably related matters. **Do not attach training or procedure manuals or other voluminous materials; provide only a SUMMARY.**

**COLLECTION FORMS AND CLIENT CONTRACTS**

Attach copies of all contracts and forms that the Applicant uses to collect Wyoming accounts to include: (1) sample client contract with the Remittance and Return Policies highlighted and indicating compliance with the Rules and Regulations of the Collection Agency Board, Chapter 3, Section 1, and Section 4. (2) assignments (3) debtor notices, (4) and a sample copy of an Accounting to Consumer form that shows compliance with the Rules and Regulations of the Collection Agency Board, Chapter 3, Section 2.

**ATTACHMENTS**

**You must attach to this Application all of the documents indicated to the right. All attachments are a part of this Application.**

- \$500 Filing Fee Check payable to the Collection Agency Board
- Business Information Form
- Financial Statement (use attached form *only*)
- Wyoming Certificate of Good Standing (entities only)
- “Home” State Good Standing or Similar Certificate (non-Wyoming entities only)
- Summary of Method of Business, Policies & Procedures (Summaries accepted *only*)
- Three (3) Professional References forms must be included with the application
- A Bank Reference form must be included with the application for each bank account listed on the Bank Account Information form
- \$10,000.00 Bond from Surety Company (Refer to Surety Bond Checklist)

**VERIFICATION**

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

**I HEREBY CERTIFY** that, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the undersigned has/have executed the foregoing Application for and on behalf of the Applicant, being duly authorized to do so; **and further that** the information and statements contained in the foregoing Application, including all exhibits and other documents attached thereto and all other information filed therewith, all of which are made a part of the foregoing Application, are correct, true, accurate and complete; **and further that** the Applicant knows and understands that, if the Applicant has knowingly made a false statement of a material fact in this Application or in any documentation provided to support the foregoing Application, then the foregoing Application must be denied and the Applicant may be subject to criminal penalties for perjury under W.S. 6-5-301 and/or W.S. 6-5-303.

**Acknowledgement**

\_\_\_\_\_  
Name of Applicant (leave blank if individual)

State of \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

**By:** \_\_\_\_\_  
Authorized Signatory to sign for Applicant

The foregoing Application for Collection Agency License was acknowledged  
before me by \_\_\_\_\_  
and by \_\_\_\_\_, on this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**By:** \_\_\_\_\_  
Authorized Signatory to sign for Applicant

Witness my hand and official seal.

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

(SEAL)

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_