



Department of Consumer Affairs

P.O. Box 41059 – Minillas Station
San Juan, Puerto Rico 00940-1059

COLLECTION AGENCY LICENSE APPLICATION

_____ New Renew _____ Active Lic. Number _____

1. Name of individual or entity requesting _____

2. Business Social Security number _____

3. Telephone: (____) _____ - _____ (____) _____ - _____

4. Business Location _____

5. Physical Mailing Address _____

6. Postal Mailing Address _____

7. Organization Individual Corporation Corporation

8. Corporations and or Partnership's

Resident Agent _____

Residential Resident Agent Address _____

Postal Mailing Address _____

Telephone _____

Driver's License _____

9. Surety Bond _____ Expiration Date _____

Issuing Company _____

Bond Number _____ Telephone _____

10. Number of active clients to date _____

11. Name of accountant or firm responsible for the agency's accounting procedure and
maintenance: _____

Address _____



12. Documents Included:

New	Renewal	Document
<input type="checkbox"/>	<input type="checkbox"/>	Certified Check or Money Order payable to The Secretary of Treasury (Any request filed after June 30, will be in the amount of \$350.00)
<input type="checkbox"/>		Personal History for: Partner Incorporate, Officers and or other employees if required
<input type="checkbox"/>		List of names, addresses, mailing addresses, telephone Number of the agency's officers
<input type="checkbox"/>		List of subsidiary agencies, their addresses, telephone number
<input type="checkbox"/>	<input type="checkbox"/>	Bond certificate for \$5,000.00 dollars in favor of Government of Puerto Rico, Department of Consumer Affairs or a certificate of continuity in case a renewal
<input type="checkbox"/>		Copy of the partnership Contract or Certificate and Articles of Incorporation
<input type="checkbox"/>	<input type="checkbox"/>	Copy of the latest certified Financial Statements
<input type="checkbox"/>		Copy of the Occupancy permit, Municipal tax, Lease agreement or ownership title.
<input type="checkbox"/>	<input type="checkbox"/>	Copy of the last bank account reconciliation pertaining to collected funds account.
<input type="checkbox"/>	<input type="checkbox"/>	Written authorization to the bank, allowing the Department to Inquire about the above-mentioned accounts name, address and account numbers of the banking institution should be include.
<input type="checkbox"/>	<input type="checkbox"/>	A list of clients to whom the agency has served in the last years
<input type="checkbox"/>	<input type="checkbox"/>	Copy of the latest certified Financial Statements
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of negative police record (Police Department).of the owners, partnership or agency's president
<input type="checkbox"/>	<input type="checkbox"/>	Copy of the Annual Report from the Department of State of Puerto Rico



SWORN STATEMENT

I hereby certify under oath that I have complemented this Collection Agency Application totally and that the information given is correct an factual to the best of my knowledge and that I have been dully authorized to disclose.

In _____ on _____
(city & state) (date)

Applicant's signature

Name (printed)

Title

AFFIDAVIT NUMBER. _____

Sworn and subscribed before me _____
by in the name and representing _____
of legal age and resident of _____
whom I personally know in _____
today _____

Notary Public



Department of Consumer Affairs

P.O. Box 41059 – Minillas Station
San Juan, Puerto Rico 00940-1059

PERSONAL HISTORY

Re: Name of individual or entity requesting

1. Name _____
(Last name) (First name) (Name)
2. Residential Address _____
3. Telephone (_____) _____ - _____
4. Mailing Address _____
5. Position currently occupied with the requesting entity _____
6. I include the following documents:

<input type="checkbox"/>	2" x 2" photo
<input type="checkbox"/>	Copy of your Financial Statements for the last 3 year
<input type="checkbox"/>	Negative penal record certificate (local Police Department).
<input type="checkbox"/>	Copy of financial statements for less than 3 months
<input type="checkbox"/>	No debt certificate (local Department of Treasury).
<input type="checkbox"/>	3 letters of personal references and 3 letters credit references

I Certify That all the information given above is correct ad I further authorize The Department of Consumer Affairs or a representative, to obtain where necessary, information pertinent for the evaluation of the referred application

Date

Sign



BOND KNOW ALL MEN BY THESE PRESENT, that _____
Name of Applicant)

(Business Address of Applicant)

of the City of , _____ Commonwealth of Puerto Rico, as

Principal, and _____ of the City of
(Name of Surety)

Commonwealth of Puerto Rico, as Surety, are held and firmly bound unto the Commonwealth of Puerto Rico for the use and benefit of the State including cost of publication of the notice of revocation or relinquishment of the license and of any claimant of the licensee for any liability incurred with respect to the receipt, handling and transfer of money, collected on account of others by the licensee under and by virtue of the provisions of Act No. 143 approved June 27, 1968 in the principal sum of _____ dollars (\$) for the payment of which, well and truly to be made we, the Principal and Surety bind ourselves, our heirs, executors, administrators, successors and assignees, jointly and severally by these presents.

WHEREAS, aforesaid Principal has applied for a license under the provisions of the aforesaid Act and,

WHEREAS, the aforesaid Act provides, and includes as a precedent to the issuances of a license, that applicant shall furnish a bond.

NOW THEREFORE, the condition of the foregoing obligation is such that if the obligor will faithfully conform to and abide the provisions of this Act, and will honestly and faithfully perform all obligation and undertakings in connection with the collection, handling and transfer of money by virtue and under the aforesaid Act, and will pay to the State and to any person all money that become due and owing to the State or to such person under the provisions of aforesaid Act because of any liabilities emerging from the collection, handling and transfer of money on account of others by aforesaid principal as licensee under and by virtue of the provisions of the aforesaid Act, then this obligation will be void; otherwise is will remain in full force and effect.

This bond shall continue in full force and effect jointly with the license and sixty (60) days after expiration of the license, voluntary cease of operation of the collection agency or temporary suspension or revocation of the license by the Secretary of the Department of Consumer Affairs.



This bond shall also answer, by the Surety, for the cost of publication of the notice of revocation or relinquishment of the license. Nevertheless the cancellation of the license shall not affect the affectivity on this policy of claims originated by acts that occur prior to cancellation of said license.

If the surety here in shall so elect, this bond may be cancelled at any time by the surety by filing with the Secretary of the Department of Consumer Affairs of Puerto Rico an advance thirty (30) days written notice by registered mail, of such cancellation, but said Surety so filing said notice shall no be discharged from any liability already accrued under this bond or which shall accrued under this Bond or which shall accrued herein before the expiration of a sixty (60) days period after cancellation of said license. Surety shall remain liable for all the money collected, handled or transferred on account of others during the terms of this bond and prior to the date of cancellation.

That regardless of the number of years this bond remains in force the aggregate liability of the surety hereunder for any and all claims or judgments to one or more claimants in no event shall exceed the full amount of this Bond.

IN WITNESS WHEREOF, we have duly executed the foregoing obligation this _____
_____ day of _____ to be
effective on the _____ day of _____

(Principal)

By _____
Seal of Any (Authorized Signature)

Countersigned at _____, _____ this
(Name of Surety)

_____ day of _____

By _____
Seal if Any (Attorney in Fact)