



## 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 for \$500.00 (Any request filed after June 30, will be in the amount of \$350.00)
<input type="checkbox"/>	<input type="checkbox"/>	Statement of Compliance with the amount for \$100.00
<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"/>	Good Standing from your local State Department
<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"/>	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 and factual to the best of my knowledge and that I have been duly 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



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### 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 \_\_\_\_\_

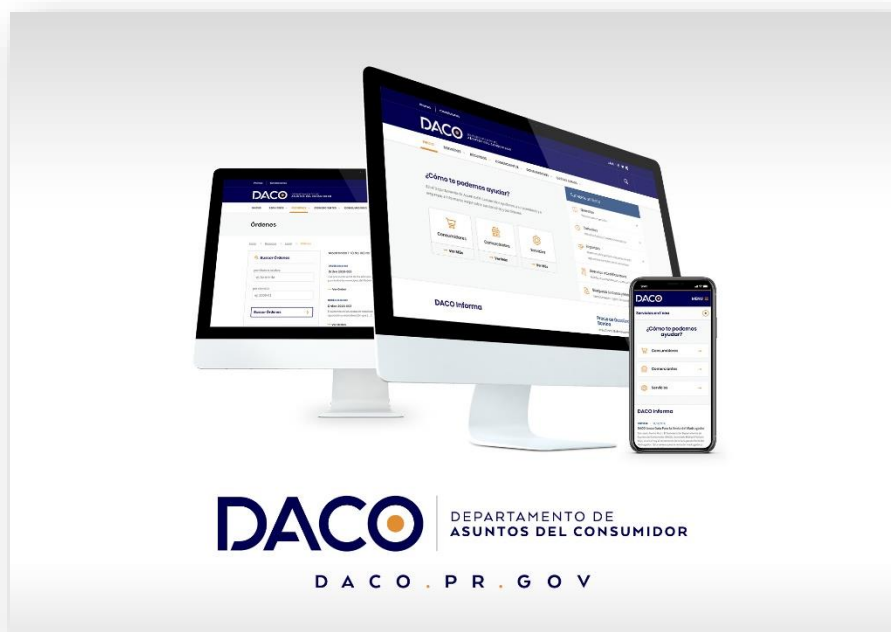
\_\_\_\_\_  
(Principal)

By \_\_\_\_\_  
Seal of Any (Authorized Signature)

Countersigned at \_\_\_\_\_, \_\_\_\_\_ this  
(Name of Surety)

\_\_\_\_\_ day of \_\_\_\_\_

By \_\_\_\_\_  
Seal if Any (Attorney in Fact)



*The procedure for renewing is available and accessible on the Internet portal:  
[www.renovacionesonline.com](http://www.renovacionesonline.com) 7 days a week 24 hours a day.*