

MAIL TO: OFFICE OF FINANCIAL REGULATION
 200 East Gaines Street
 Tallahassee, FL 32399-0376
 Check payable to Department of Financial Services – Fee: \$200.00

REGISTRATION OF CONSUMER COLLECTION AGENCY

This form shall be accompanied by certified payment of a \$200.00 non-refundable registration fee. All requirements for registration must be satisfied within forty-five (45) days from the date of request for additional information.

TYPE OR PRINT

1(a). Legal Name of Consumer Collection Agency: _____

1(b). If corporate name is not allowed in Florida, provide name approved by the Florida Secretary of State:

 (Provide qualification document from the Florida Secretary of State. This is the name that will appear on your license. See instructions.)

DBA Name (If applicable): _____
 (Provide acknowledgement from the Dept. of State, Division of Corporations that your fictitious name is duly registered.)

2. Federal Employer I.D. Number: ____ - _____ (If Social Security Number, response to Question 2 should be entered on Exhibit A of this application)
 (F.E.I.D. number is required of all corporations and partnerships. Also required of a sole proprietor if paying wages to one or more employees. See IRS "Instructions for Form SS-4". If sole proprietor and not paying wages, enter Social Security Number.)

3. Principal Place of Business (Note: Post Office Box is not acceptable):

 Street Address

City	County	State	Zip
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4. Mailing Address if different from above:

 P. O. Box or Street Address

City	County	State	Zip
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Telephone Number: (____) _____ Fax/Email: _____

5. Provide a list of the following information on Exhibit A of this application:
 a) If a partnership or sole proprietorship, provide full name and social security number of all owners.
 b) If a corporation, provide full name and social security number (federal identification number if a corporate owner), of all Corporate Officers, Directors, Owners, and Florida Resident Agent. (Note: Not required of directors of a not-for-profit corporation organized pursuant to Chapter 617, F.S.)

6. Has the prospective registrant, or any principal of same, or any business in which any principal of the prospective registrant was the owner of 10 percent or more of such business had any professional or occupational license which was the subject of any suspension, or revocation. (With a "Yes" response, provide details clearly identifying and explaining each occasion.) YES ____ NO ____

I hereby affirm that the foregoing information is true and correct and acknowledge that any misstatement may cause the Office to initiate proceedings against the registration.

Name (Type or Print) (Must be principal in Business)	Title	Signature of Principal	Date
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*****FOR OFFICE USE ONLY*****
 APPROVED BY: _____ DATE APPROVED: _____ \$200: