

(Rev. 10/99hav)

STATE OF NEW MEXICO
REGULATION AND LICENSING DEPARTMENT
FINANCIAL INSTITUTIONS DIVISION
2550 Cerrillos Road 87505
P. O. Box 25101, Santa Fe, New Mexico 87504-5101
(505) 476-4885 Fax: (505) 476-4670
www.rld.state.nm.us/fid



Type or Print Legibly

Application Fee: \$100.00

**APPLICATION FOR COLLECTION AGENCY
MANAGER'S EXAMINATION AND LICENSE**

Application is hereby made for a manager of a collection agency and to take the examination required pursuant to the Collection Agency Regulatory Act, Chapter 61, Article 18A, NMSA 1978. The examination fee is \$100.00. If the applicant is already licensed as a manager in New Mexico, the examination will not be required, however, the fee and application must be submitted. Make a check payable to Financial Institutions Division.

1. Applicant's Name (Collection Agency) _____

2. Mail and contact information in New Mexico :

	PHYSICAL ADDRESS PRINCIPAL OFFICE		NAME & MAILING ADDRESS CONTACT PERSON
STREET ADDRESS		MANAGER	
CITY		MAILING ADDRESS	
STATE		CITY	
ZIP CODE		STATE AND ZIP CODE	
PHONE		PHONE	
FAX		FAX	

3. Mail and contact information for corporate office if any.

	PHYSICAL ADDRESS PRINCIPAL OFFICE		NAME & MAILING ADDRESS CONTACT PERSON
STREET ADDRESS		NAME OF CONTACT PERSON	
CITY		MAILING ADDRESS	
STATE		CITY	
ZIP CODE		STATE AND ZIP CODE	
PHONE		PHONE	
FAX		FAX	

Please complete the following

4. Social Security Number _____
5. Date of birth _____
6. Are you a United States citizen?
 Yes No.
7. Are you a high school graduate or do you have the equivalent of a high school education?
 Yes No.
Attach as **Exhibit 1** a copy of your high school diploma or GED .
8. Have you been actively and continuously engaged or employed in the collection of accounts receivable for at least two of the five years preceding the filing of this application?
 Yes No.
Attach as **Exhibit 2** a copy of your current resume
9. Have you been convicted of a felony or crime involving moral turpitude?
 Yes [Attach as **Exhibit 3** a written explanation] Yes No.
10. Have you ever had a license or its equivalent revoked?
 Yes [Attach as **Exhibit 4** a written explanation] No.
11. Have you ever been a partner, officer, director, trustee, manager or stockholder of any partnership, corporation or unincorporated association the license of which has been revoked?
 Yes [Attach as **Exhibit 5** a written explanation] No.
12. Have you or any of your partners, officers, directors, trustees, stockholders or employees ever been convicted of a felony or any crime involving moral turpitude?
 Yes [Attach as **Exhibit 6** a written explanation] No.
13. Attach as **Exhibit 7** a copy of your current credit report.

VERIFICATION

The Applicant filing this Application, its exhibits and any other attachments and the person by whom it is executed, having read and understanding the contents thereof, hereby represents, that all information contained herein is true, current and complete, to the best of their knowledge and belief.

EXECUTED this _____ day of _____, _____.

(corporate seal,
if applicable)

Manager's name (Print or type)
By: _____
(Manager's Signature)

Subscribed and sworn to before me on this _____ date of _____, _____

Notary Public

(NOTARY SEAL)

My Commission Expires: _____

VERIFICATION

A request is hereby made that a manager's license be issued to the applicant named on this application and I/we verify that the information contained on this application is correct, current and complete to the best of my/our knowledge and belief.

EXECUTED this _____ day of _____, _____.

(corporate seal,
if applicable)

Applicant's name (Print or type)
By: _____
(Authorized Signature)

(Title)

Subscribed and sworn to before me on this _____ date of _____, _____

Notary Public

(NOTARY SEAL)

My Commission Expires: _____