

(Rev. 10/99hav)

STATE OF NEW MEXICO
REGULATION AND LICENSING DEPARTMENT
FINANCIAL INSTITUTIONS DIVISION
2550 Cerrillos Road
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: \$250.00

APPLICATION FOR REPOSSESSOR LICENSE

Application is hereby made for a Repossessor license pursuant to the Collection Agency Regulatory Act, Chapter 61, Article 18A, NMSA 1978.

1. Applicant's Name _____

Trade name (s) _____

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	
COUNTY		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. Please indicate the legal entity status below:

- Applicant is:
- A NEW MEXICO CORPORATION - provide Articles of Incorporation
 - A FOREIGN CORPORATION – provide Articles of Incorporation (non-New Mexico Corporation)
 - A PARTNERSHIP - provide Statement of Partnership/Partnership Agreement
Provide social security number for each partner _____
 - A LIMITED LIABILITY COMPANY - provide Articles of Organization
 - REGISTERED LIMITED LIABILITY PARTNERSHIP - provide Registration
 - A SOLE PROPRIETOR - provide Social Security # _____
 - OTHER. Please specify _____

5. Attach as **Exhibit 1** the applicant's current, (within 6 months), signed financial statement, that is, a balance sheet and income statement.
6. Attach as **Exhibit 2** a disclosure of all actions or proceedings, civil or criminal, judicial or administrative, completed or in progress against the applicant or any director, officer, employee or affiliate of the applicant. **If none** please indicate.
7. Have you, (applicant) or any of your partners, officers, directors, trustees, stockholders or employees been convicted of a felony or crime involving moral turpitude?
 Yes [Attach as **Exhibit 3** a written explanation] No.
8. Have you or the (applicant) ever had a license or its equivalent revoked?
 Yes [Attach as **Exhibit 4** a written explanation] No.
9. Are you, (applicant), or 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.
10. Attach as **Exhibit 7 a corporate surety bond** in the amount of \$5,000 on the form provided. Please include all trade names on the bond form.

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 _____, _____.

Applicant's name (Print or type)

(corporate seal,
if applicable)

By: _____
(Authorized Signature)

(Title)

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

Notary Public

(NOTARY SEAL)

My Commission Expires: _____

Amount\$ _____

Bond No. _____

REPOSSESSOR'S COMPANY CORPORATE SURETY BOND

WE _____
d/b/a _____ as Principal, having filed with the Director of the Financial Institutions Division (the "Director") for licensure under the collection Agency Regulatory Act (the "Act"), NMSA 1978, Chapter 61, 18A as amended and _____ as Surety, a corporation organized under the laws of the State of _____ and being duly authorized to transact the business of fidelity and surety insurance in the State of New Mexico (the "State"), hereby acknowledge our indebtedness to the people of the State for the use and benefit of any person(s) having a claim under the conditions of this obligation, in the penal sum of Five thousand dollars (\$5,000), provided, however, that the total liability of the Surety hereunder to all persons, cumulative or otherwise, shall not exceed Five thousand dollars (\$5,000).

LIABILITY for the payment of the above referenced amount, to which we hereby obligate and bind ourselves, our successors and assigns, jointly and severally, is subject to the conditions that the Principal becomes licensed with the Director to transact business as a Repossessor and fails to strictly comply with the provisions of the Act and all orders, rules and regulations issued pursuant to the Act.

THIS BOND shall expire at such time as the Principal's License is withdrawn, terminates through non-renewal or is revoked by the Director, **except** as to liability for acts or omissions which occur prior to such time. This Bond may also be canceled by the Surety upon at least thirty (30) days prior written notice by certified mail to the Director, in which case this Bond shall be deemed canceled upon the expiration of 30 days from receipt by the Director of such written notice, **except** as to liability for acts or omissions which occur prior to the date of cancellation.

ANY PERSON suffering loss or damages as a result of the Principal's failure to comply with the provisions of the Act and all orders, rules and regulations issued pursuant to the Act shall have the right to bring suit on this Bond in a court of competent jurisdiction provided that no such suit may be brought later than three years from the date of the act or omission upon which the claim is based.

EXECUTED this _____, _____, _____.
Day Month Year

Note: A person other than a corporate officer of the Surety executing in the Surety's behalf must attach the power of attorney authorizing such person to execute bonds for the Surety.

Principal's name (Print or type)

By: _____
(Signature)

(Title)

(CORPORATE SEAL)

Surety's name (Print or type)

By: _____
(Signature)

BOND ACKNOWLEDGEMENTS

STATE OF _____)
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____,
_____ by _____, a _____ corporation.
(name of officer) (state of incorporation or N/A)

Notary Public

(NOTARY SEAL)

My commission expires

STATE OF _____)
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____,
_____ by _____.

Notary Public

(NOTARY SEAL)

My commission expires