

MAIL TO: OFFICE OF FINANCIAL REGULATION  
200 East Gaines Street  
Tallahassee, FL 32399-0376  
Check payable to Department of Financial Services – Fee: \$500.00

**REGISTRATION OF COMMERCIAL COLLECTION AGENCY**

This form shall be accompanied by payment of a \$500.00 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 Commercial 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 and should appear on your surety bond. See instructions.)

DBA Name (If applicable): \_\_\_\_\_  
(Provide acknowledgment 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. See IRS "Instructions for Form SS-4.")

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

\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City County State Zip

4. Mailing Address if different from above:

\_\_\_\_\_  
P.O. Box or Street Address  
\_\_\_\_\_  
City County State Zip

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax/Email: \_\_\_\_\_

5. Type of Agency: (Check One) \_\_\_ Domestic Corporation \_\_\_ Foreign Corporation  
(Documentation of registration from the Florida Secretary of State Office to conduct business in the State of Florida is required of Foreign Corporations.)

6. Date of Incorporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_  
(Documentation of Incorporation must be filed with this application.)

7. Provide a list of the current business location of each branch office in the State of Florida of the registering agency. If none, indicate such.

8. Provide a list of the following information on Exhibit A of this application:  
a) If a partnership or sole proprietorship, provide full name, residence address, telephone number, and social security number of all owners.  
b) If a corporation, provide full name, residence address, telephone number, and social security number (federal identification number if a corporate owner), of all Corporate Officers, Directors, Owners, and Florida Resident Agent.

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*  
APPROVED BY: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_ \$500

9. Has the prospective registrant, or any principal of same, engaged in any unlawful collection practices, or been convicted or found guilty of a crime involving dishonest dealing, acts of moral turpitude, or other acts that reflect an inability to engage in the commercial collection agency business? YES \_\_\_ NO \_\_\_
10. Has the prospective registrant, or any principal of the 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, revocation, or other disciplinary action? YES \_\_\_ NO \_\_\_

For each "Yes" response to Questions 9 & 10, provide details clearly identifying and explaining each occasion.

11. Provide a copy of a continuous surety bond in the amount of \$50,000, issued by a bonding company or insurance company authorized to do business in the State of Florida, with documentation that the annual premium has been paid in full by the prospective registrant. Include a statement from the surety that the bond meets the requirements of Chapter 559, F.S. and a copy of their current Florida Office of Insurance authorization.
12. Provide an alphabetical list of the following:
- a) Each county in this State in which the applicant currently operates an office including the occupational license number for that county.
  - b) Each county in this State in which the applicant plans to operate an office within the next calendar year.
  - c) Each county in this State in which the applicant is operating under a fictitious name or trade name including any such fictitious or trade name and the date and place of registration of that name.
  - d) Any other corporations, entities, or trade names through which any owner or director of the applicant was known or did business as a commercial or consumer collection agency within the last five (5) calendar years. (Provide one list for each owner/director as applicable).

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)

\_\_\_\_\_  
 Signature of Principal in Business

\_\_\_\_\_  
 Title (Type or Print)

\_\_\_\_\_  
 Date