

**STATE OF FLORIDA  
OFFICE OF FINANCIAL REGULATION**

**Application for Registration as Consumer Collection Agency  
Chapter 559 Part VI, Florida Statutes**

**Consumer Collection Agency**

“Consumer collection agency” means any debt collector or business entity engaged in the business of soliciting consumer debts for collection or of collecting consumer debts, which debt collector or business is not expressly exempted as set forth in s. 559.553(3).

**Registration Period:  
January 1 – December 31, annually**

Initial registrations issued on or after January 1, will be effective through December 31 of that year. Example: A registration issued June 15 would remain effective only through December 31 of the year in which the registration was issued. Registration not renewed by December 31 will expire.

**Non-Refundable Registration Fee/Renewal Fee: \$200**

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**GENERAL INSTRUCTIONS**

Pursuant to Rule 69V-180.030, F.A.C., all forms and fees must be submitted through the Office’s Regulatory Enforcement and Licensing (REAL) System at <https://real.flofr.com>.

Form OFR-559-101 is the application form used by Consumer Collection Agencies to either apply for an initial registration or make an amendment to an existing registration. This form can also be used to surrender an existing registration or withdraw a pending application.

**Type of Filing**

Check the appropriate box for the type of filing. If filing for more than one type of service, check all the boxes that apply.

Initial Application – This designation applies to first-time filers (See Rule 69V-180.030, F.A.C.).

Amendment – This designation applies to any changes including, but not limited to, business name, fictitious name, physical address and phone numbers, mailing address, or owners/officers/managing members. Additionally, if the information on a Disclosure Reporting Page has changed, it should be reported through this form. **See Chapter 559 (Part VI), F.S., and Rule**

**Chapter 69V-180, F.A.C., for the requirements to file amendments.**

Surrender Registration /Withdraw – This designation applies to any request to surrender an active registration or withdraw any pending application. Provide the effective date of this request. **If surrendering an existing registration, update the address where records are stored in Section 1E and the contact information in Section 2.**

**1. Applicant Information**

- A. Business Name – Provide the complete legal business name of the applicant. If sole proprietor, state your first name, middle name and last name.
- B. Fictitious or D/B/A Name – Name under which the company operates if different from business name. Provide evidence of fictitious name registration. If you do not use a fictitious name, leave the question blank.
- C. IRS Employee Identification Number (FEID) – This is a nine digit number assigned by the IRS. If the registrant is a sole proprietor using a social security number in lieu of the FEID number, then enter the social security number on Page 5 in the box labeled “SSN Section”.
- D. Business Main Address – This is the main office physical address or the headquarters address.
- E. Address where records stored – This is the physical location where any and all books and records will be maintained. If this address is the same as the business main address, enter “Same as Business” on this line. Do not leave blank.
- F. Mailing Address – Provide if different from business main address.
- G. Business Telephone Numbers – Provide the telephone and fax number of the business location.

**2. Contact Information**

- A. Contact Person Name & Title – Person to be contacted regarding the application.
- B. Contact Person Mailing Address – Can be different from Business Mailing Address.
- C. Contact Person Telephone – Can be different from Business.
- D. Contact Person E-mail Address – Provide contact person’s e-mail address.

**3. Applicant Organization and History of Operations**  
Respond to Questions 3A and 3B.

Question 3A – Check type of organization.

**Question 3B** – List all persons as requested in this section. A “control person” means an individual, partnership, corporation, trust, or other organization that possesses the power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. The term includes, but is not limited to:

- (a) A company’s executive officers, including the president, chief executive officer, chief financial officer, chief operations officer, chief legal officer, chief compliance officer, director, and other individuals having similar status or functions.
- (b) For a corporation, a shareholder who, directly or indirectly, owns 10 percent or more or that has the power to vote 10 percent or more, of a class of voting securities unless the applicant is a publicly traded company.
- (c) For a partnership, all general partners and limited or special partners who have contributed 10 percent or more or that have the right to receive, upon dissolution, 10 percent or more of the partnership’s capital.
- (d) For a trust, each trustee.
- (e) For a limited liability company, all elected managers and those members who have contributed 10 percent or more or that have the right to receive, upon dissolution, 10 percent or more of the partnership’s capital.

A listing of only officers or only owners is not sufficient. We must have position, percentage ownership, social security number, and date of birth for each name listed. Provide the FEID for each corporate owner listed. (Attach additional sheets if necessary).

A Biographical Summary section of this form is required for every person listed in this question.

**Live Scan fingerprints must be submitted for all control persons listed in Section 3 of the application.**

Each natural person listed in Section 3, must submit fingerprints to a live scan vendor approved by the Florida Department of Law Enforcement (FDLE) and published on FDLE's website (<http://www.fdle.state.fl.us/Content/Content/941d4e90-131a-45ef-8af3-3c9d4efefd8e/Livescan-Service-Providers-and-Device-Vendors.aspx>) for submission to the FDLE and the Federal Bureau of Investigation for a state and federal criminal background check.

**Question 3C** – Provide the applicant’s registered agent on whom service of process may be served. This person must be located in Florida. This person can be an individual within the entity applying.

**4. Disclosure Information**

For every "yes" answer to questions 4A, 4B, 4C, & 4D complete a separate Disclosure Reporting Page (DRP) for each unrelated event. Provide documentation pertaining to each matter disclosed. Such documentation includes but is not limited to, certified copies of criminal convictions or administrative orders entered against the applicant.

**5. Signature**

Type the name of the person legally authorized to bind the applicant and attest to the accuracy of the information contained in this form.

**FOR QUESTIONS REGARDING THE ONLINE APPLICATION PROCESS CONTACT THE OFFICE OF FINANCIAL REGULATION AT 850-410-9895.**

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**STATE OF FLORIDA  
OFFICE OF FINANCIAL REGULATION**

**APPLICATION FOR REGISTRATION AS CONSUMER COLLECTION AGENCY  
Chapter 559 Part VI, Florida Statutes**

Check the box that indicates what you would like to do:

- File an Initial Application** (Filing fees required – See instructions)  
 **File an Amendment** (circle the question(s) amended)  
 **Surrender Registration/Withdraw Application** (Effective date of surrender/withdrawal: \_\_\_\_\_)  
(MM/DD/YYYY)

**1. Applicant Information**

A. Business Name of Applicant (if sole proprietor provide first name, middle name, & last name):

\_\_\_\_\_

B. D/B/A or Fictitious Name:

\_\_\_\_\_

C. IRS Employee Identification Number (FEID):

\_\_\_\_\_

D. Business Main Address (Street address only - do not use a P.O. Box):

\_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

E. Address where records stored (Street address only - do not use a P.O. Box):

\_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

F. Mailing Address, if different from Business (P.O. Box acceptable):

\_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

G. Business Telephone Numbers:

(\_\_\_\_\_) \_\_\_\_--\_\_\_\_\_  
(Business Phone) (Business Fax)

**2. Contact Information:**

A. Contact Person Name and Title:

\_\_\_\_\_  
(Last Name) (First Name) (Middle) (Title)

B. Contact Person Mailing Address:

\_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

C. Contact Person Telephone Number:

(\_\_\_\_\_) \_\_\_\_--\_\_\_\_\_  
(Contact Person Phone) (Contact Person Fax)

D. Contact Person E-mail address: \_\_\_\_\_

**3. Applicant Organization: Provide a list of the following information in the table below:**

- A. Applicant is a:  Corporation,  Partnership,  Association,  LLC,  Individual,  
 Other (Explain): \_\_\_\_\_

- B. List all persons as requested in this section. As defined in section 559.55(4), F.S., a “control person” means an individual, partnership, corporation, trust, or other organization that possesses the power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. The term includes, but is not limited to: executive officer, including the president, chief executive officer, chief financial officer, chief operations officer, chief legal officer, chief compliance officer, director, and other individuals having similar status or functions. A listing of only officers or only owners is not sufficient.

We must have position, percentage ownership, social security number\*, and date of birth for each name listed. Provide the FEID for each corporate owner listed. (Attach additional sheets if necessary). For every person listed, submit fingerprints to a live scan vendor approved by the Florida Department of Law Enforcement. (For additional information regarding live scan prints, refer to the application instructions page.)

\*Social security numbers are collected for the purpose of verifying identity and also conducting state and national criminal background checks as required by section 559.555(2), F.S. While collection of social security numbers is not specifically authorized under state law, such collection is imperative for the performance of the Office of Financial Regulation’s duties and responsibilities to conduct state and national criminal history background checks.

Name	Position	% of Ownership	Date of Birth/Date of Incorporation

- C. If applicant is a corporation, provide the applicant’s registered agent in this State on whom service of process may be made.

Name:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

(Address) (City) (State) (Zip Code)

Telephone Number:

(\_\_\_\_) \_\_\_\_--\_\_\_\_\_

**4. Disclosure Questions**

- A. Has the applicant, registrant ever had an application for registration, or a registration or its equivalent, to practice any profession or occupation denied, suspended, revoked, or otherwise acted against by a registering authority in any jurisdiction or been the subject of final agency action or its equivalent, issued by an appropriate regulatory body of engaging in unlicensed/unregistered activity as a collection agency with any jurisdiction?

Yes  No. (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.

- B. Has the applicant or registrant, been convicted of, pleaded guilty or nolo contendere regardless of adjudication, to, any crime under the laws of any state or of the United States?

Yes  No. (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.

- C. Are there pending charges against the applicant registrant or any control person for any felony or any crime involving fraud, dishonesty, breach of trust, money laundering, or any other act of moral turpitude?

Yes  No. (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.

D. Has the applicant or registrant during the last five (5) years, been named as a DEFENDANT in any civil litigation where a judgment was awarded against you based on grounds of fraud, embezzlement, misrepresentation, or deceit.

Yes  No. (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.

**5. Signature**

I, the undersigned authorized person, have full authority to sign and verify this application. I have read this application and disclosure reporting page and have knowledge of the facts stated herein. This application, and all information submitted in connection herewith, is complete and accurate and contains no misstatements, misrepresentations, or omissions of material facts, to the best of my knowledge and belief.

I further acknowledge that any misstatement may cause the office to deny the application or initiate proceedings against the registration. I also represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.

Section 837.06, F.S., states: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083

The authorized person or authorized person's agent has typed his or her name under this section to attest to the completeness and accuracy of this form. The authorized person recognizes that this typed name constitutes, in every way, use or aspect, his or her legally binding signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

<p><b>SSN Section</b> (If Applicant is a Sole Proprietor)</p> <p><b>Applicant's Social Security Number</b>    _ _ _ - _ - - _ _ _ _</p>
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**Disclosure Reporting Pages (OFR-559-103)**

This Disclosure Reporting Form is an  **INITIAL OR**  **AMENDED** response to report details for affirmative responses to **Questions 4A, 4B, 4C, & 4D** on Form OFR-559-103;

**Check question(s) you are responding to:**

**4A**  **4B**  **4C**  **4D**

Use only one DRP to report details to the same event. Unrelated actions must be reported on separate DRPs.

1. Action initiated against:

- Applicant/Registrant
- Control Person

2. Action initiated by: (Name of Regulator, Law Enforcement or Prosecutorial Agency, Creditor/Lien Holder, Private Plaintiff, Applicant/Registrant, etc.)

3. Filing Date of Action (MM/DD/YYYY): \_\_\_\_\_  **Exact**  **Explanation**  
If not exact, provide explanation:

4. Formal Action was brought in (include name of Federal, Military, State or Foreign Court, Location of Court – City or County and State or Country, Docket/Case Number):

5. Employing Business when activity occurred: (If applicable)

6. Describe the allegations related to this action. (Attach a separate sheet if necessary.):

7. Current status of action?  **Pending**  **On Appeal**  **Final**

8. If on appeal, action appealed to (provide name of court): Date Appeal Filed (MM/DD/YYYY):

9. If Pending, date notice/process was served (MM/DD/YYYY): \_\_\_\_\_  
 **Exact**  **Explanation** If not exact, provide explanation:

**If Final or On Appeal, complete items below. For Pending Actions, complete item 12 only.**

10. Provide a detailed explanation of how the matter was resolved (Attach a separate sheet if necessary):

11. Resolution Date (MM/DD/YYYY): \_\_\_\_\_  **Exact**  **Explanation**  
If not exact, provide explanation:

12. Comments. Use this section to provide a summary of the circumstances leading to the action, as well as the status or disposition and/or finding(s).

13. In addition to the information requested in this DRP, provide documentation pertaining to each matter. Such documentation includes but is not limited to, certified copies of criminal convictions or administrative orders entered against the applicant.

**State of Florida**

**Office of Financial Regulation**

**Biographical Summary**

Check the box that indicates what you would like to do:

- Submit an initial biographical summary.**  
 **Submit an amendment to a biographical summary.**

**1. Applicant/Registrant Information**

**A. Business Name of Applicant/Registrant** (Same as Question 1A on page 1 of Application):

Business Name of Applicant/Registrant

**2. Individual Biographical Summary**

**A. Identifying Information**

Provide your Social Security Number below the signature section at the end of this summary.
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**B. Name**

First Name	Middle Name	Last Name	Suffix	Date of Birth

**C. Surnames and/or Aliases**

First Name	Middle Name	Last Name	Suffix (Sr, Jr, II, or III)

**D. Residential Address**

Number and Street	City, Town, etc.	State	Country	Postal Code

**E. Mailing Address** ( Check box if mailing address the same as residential.)

Number and Street	City, Town, etc.	State	Country	Postal Code

**F. Phone Number**

Residence Telephone Number	Daytime Telephone Number
(    )    -	(    )    -

**G. Residential History** (Start with the current address, give all addresses for last 5 years. Report changes as they occur.)

Number and Street	City, Town, etc.	State/Province	Country	From		To	
				Mo.	Yr.	Mo.	Yr.

**H. Employment History** (Start with current employer, give all employments for the last 5 years. Report changes as they occur.)

Name of Company	City, State/Province	Nature of Business	Position Held	From		To	
				Mo.	Yr.	Mo.	Yr.

**I. Professional Licenses and Certifications**

Type of License/Certification	Name of Licensing Authority/City/State	Date Issued		Status	Status Date	
		Mo.	Yr.		Mo.	Yr.

**K.** Are you presently an officer, director, member, or shareholder of 10% or more of the outstanding stock of any firm, company, corporation, partnership or other business organization other than the applicant or registrant?

Yes  No. If yes, complete the chart below.

Name and Address	State of Incorporation	Type of Business	Position Held

**3. Disclosure Questions** (If you answer “yes” to any question, complete a separate Disclosure Reporting Page (DRP) for each event.)

**A. Criminal Disclosure**

**1)** Have you or any business or enterprise with which you have been associated as an officer, director, representative, member, principal, agent, or shareholder of 10% or more of the outstanding stock ever plead nolo contendere to, been convicted of, or found guilty of, any crime, regardless of adjudication?

Yes  No. (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.)

**2)** Are there pending charges against you for any felony or any crime involving fraud, dishonesty, breach of trust, money laundering, or any other act of moral turpitude?

Yes  No. (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.)



**B. Regulatory Action Disclosure**

1) Have you or any business or enterprise with which you have been associated as an officer, director, representative, member, principal, agent, or shareholder of 10% or more of the outstanding stock ever had an application for registration, or a registration or its equivalent, to practice any profession or occupation denied, suspended, revoked, or otherwise acted against by a registering authority in any jurisdiction or been the subject of final agency action or its equivalent, issued by an appropriate regulatory body of engaging in unlicensed/unregistered activity as a within any jurisdiction, or is any such action pending?

Yes No. (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.

2) Are you or any business or enterprise with which you have been associated as an officer, director, representative, member, principal, agent, or shareholder of 10% or more of the outstanding stock the subject of a pending criminal prosecution or governmental enforcement action, in any jurisdiction?

Yes No. (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.

**C. Civil Litigation Disclosure**

Have you or any business or enterprise with which you are now or were at the time associated as an officer, director, member, or holder of 10% or more of the outstanding stock now or during the last five (5) years, been named as a DEFENDANT in any civil litigation where a judgment was awarded against you based on grounds of fraud, embezzlement, misrepresentation, or deceit.

Yes No. (If yes, attach a completed Disclosure Reporting Page (DRP) for each unrelated event.

**4. Signature**

In assuming the position for which this form is being submitted, I am undertaking a commitment to be fully informed as to the affairs of the company with which I will be associated and to exercise my independent judgment with respect to any matters that may come before me.

**Certificate**

I hereby certify that this form, attached addenda, and applicable disclosure reporting pages have been carefully examined by me and that the information is true, correct and complete to the best of my knowledge and belief. I agree and understand that any false or misleading statements or omissions of material fact herein may be cause for the Office to deny my participation in the application for which this summary is submitted.

The individual person or individual person's agent has typed his or her name under this section to attest to the completeness and accuracy of this form. The individual person recognizes that this typed name constitutes, in every way, use or aspect, his or her legally binding signature.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**\*SSN Section**  
**Social Security Number** \_ \_ \_ - \_ - \_ - \_ \_ \_

**Disclosure Reporting Pages (Form OFR-559-103)**

This Disclosure Reporting Form is an  **INITIAL OR**  **AMENDED** response to report details for affirmative responses to **Questions 3A, 3B, & 3C** of the biographical summary section on Form OFR-559-103;

**Check question(s) you are responding to:**

**3A(1)**  **3A(2)**  **3B(1)**  **3B(2)**  **3C**

Use only one DRP to report details to the same event. Unrelated actions must be reported on separate DRPs.

1. Action initiated by: (Name of Regulator, Law Enforcement or Prosecutorial Agency, Creditor/Lien Holder, Private Plaintiff, Applicant/Registrant, etc.)

2. Filing Date of Action (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation  
If not exact, provide explanation:

3. Formal Action was brought in (include name of Federal, Military, State or Foreign Court, Location of Court – City or County and State or Country, Docket/Case Number):

4. Employing Business when activity occurred:  
\_\_\_\_\_

5. Describe the allegations related to this action. (Attach a separate sheet if necessary.):

6. Current status of action?  **Pending**  **On Appeal**  **Final**

7. If on appeal, action appealed to (provide name of court): Date Appeal Filed (MM/DD/YYYY):

8. If Pending, date notice/process was served (MM/DD/YYYY): \_\_\_\_\_  
 **Exact**  **Explanation** If not exact, provide explanation:

**If Final or On Appeal, complete items below. For Pending Actions, complete item 11 only.**

9. Provide a detailed explanation of how the matter was resolved (Attach a separate sheet if necessary):

10. Resolution Date (MM/DD/YYYY): \_\_\_\_\_  **Exact**  **Explanation**  
If not exact, provide explanation:

11. Comments. Use this section to provide a summary of the circumstances leading to the action, as well as the status or disposition and/or finding(s).

12. In addition to the information requested in this DRP, provide documentation relating to the disposition of each matter. Such documentation includes certified copies of criminal convictions or administrative orders entered against you.