



INFORMATION ABOUT COLLECTION AGENCY APPLICATION PROCESS

Oregon laws and rules pertaining to collection agencies are available on our Web site: <http://dfcs.oregon.gov>

- Oregon Revised Statute 697
- Oregon Administrative Rules 441-810-0000 through 441-810-0260
- Revisions to OAR 441-810 and ORS 697, if any

Questions regarding this application? Call Kim Doan at 503-947-7474.

All certificates of registration will be issued to the name entered on Line 1 of the application. Assumed business names on Line 3 will also be listed.

A certificate of registration will not be issued to any collection agency that does not have authority to do business in Oregon. All business names listed on Line 1 and Line 3 on the application must be authorized by the Oregon Office of Secretary of State, Corporation Division, Business Registry. The address is 255 Capitol St. NE, Suite 151, Salem, OR 97310. Phone number: 503-986-2200. Forms can also be downloaded from the Business Registry Web site: www.filinginoregon.com. Click on "Forms and Fees."

Give the bond form to your bonding agent. Once completed, sign the bond form and return the **original** with your application. A power of attorney form from the bonding company must be attached.

Waivers for Oregon office location and client trust account located in an Oregon financial institution are available **only to collection agencies whose head offices are outside the state of Oregon**. To request a waiver, complete and enclose the request-for-waiver form with your application. The waiver is optional and can be requested at a later date.

If you are submitting an irrevocable letter of credit, the financial institution providing the letter of credit must be authorized to do business in Oregon.

OAR 441-810-0030 requires an update of the names and desk names of solicitors and collectors at renewal; a form will be provided to you for this purpose. Please send updated lists at renewal time only.

If all required information is submitted with the application, the processing time is two to three weeks.

All certificates of registration are valid for one year from the date of issuance. A renewal notice and invoice will be sent to you at least 30 days before expiration.

Miscellaneous information

The following Oregon Revised Statutes are not regulated by this department, but may be helpful to your company. All statutes can be found at www.leg.state.or.us.

- Chapter 82, Interest: Repayment Restrictions
- Chapter 646.639, Trade Regulations and Practices

The Fair Debt Collections Practices Act, a federal law that regulates legal collection procedures, can be found at www.ftc.gov.



COLLECTION AGENCY APPLICATION FOR REGISTRATION

FEIN: _____

1. Legal name of agency (If partnership, list all partners): _____

2. Filing status: (with Secretary of State, Corporation Division, Business Registry):

Corporation Individual Partnership Other _____

3. List all assumed business names to be used in Oregon by the collection agency:

4. Headquarters office

Street address: _____ City: _____ State: _____ ZIP: _____

Main phone no.: _____ Toll-free no.: _____

Business hours: _____ Manager's name: _____

Manager's phone and ext.: _____ Manager's fax: _____

5. Person to whom renewal notices and certificates should be mailed:

Name: _____ Phone no.: _____ Ext.: _____

Mailing address: _____ City: _____ State: _____ ZIP: _____

Fax: _____ E-mail: _____

6. Person completing this application:

Name: _____ Phone no.: _____ Ext.: _____

Fax: _____ E-mail: _____

Make check or money order payable to Department of Consumer & Business Services. **If paying by credit card, applicant must sign credit card information box.**
Do not fax; do not send cash.

Mail application with payment to:
DCBS — Fiscal Services
P.O. Box 14610
Salem, OR 97309-0445

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Phone: ()	
Credit card number	Expiration date
Name of cardholder as shown on credit card	
Cardholder signature	\$ _____ Amount

Fiscal use only: 61220/1008 12104/0600
Fee: \$350

7. **Oregon office:** Do not complete this section if your headquarters office is in Oregon or if you are submitting a request for waiver of the Oregon office location.

Street address: _____ City: _____ State: **OR** ZIP: _____

Oregon phone no.: _____ Manager's name: _____

This is: a branch office an accommodation office Business hours: _____

If this is an accommodation office, what is the name of the business in which it is located? _____

8. Client trust account

This account must be in an Oregon financial institution unless you are submitting a request for waiver of the Oregon trust account location. **Complete the following, even if a waiver is being requested:**

Account name: _____

Account number: _____

Bank name: _____

Branch address: _____

9. Operating account

Account name: _____

Account number: _____

Bank name: _____

Branch address: _____

10. Have you or anyone working for you ever been convicted of a felony or an offense involving fraud or deception?

No Yes If yes, give details on a separate sheet.

11. Interested parties list

This information is requested as part of our background check; ORS 697.031 allows the Division of Finance and Corporate Securities to request any information necessary to carry out the collection agency program.

Column 1: Indicate each individual's function(s) with a, b, c, or d, as defined below. A person may have more than one function.

Column 3: Include any desk name, alias, or other fictitious name used by the individual in performing duties of the collection agency business in Oregon.

Column 5: Oregon driver license (ODL) number. If the person has no Oregon driver license, leave it blank.

List the following individuals:

- (a) Owners, partners, or corporate officers
- (b) Individuals who manage or supervise the collection and/or repossession activities
- (c) Individuals who solicit or collect claims
- (d) Individuals who solicit the right to repossess or perform the repossession of collateral security for the collection agency.

Do not submit data other than what is requested. **DO NOT SUBMIT SOCIAL SECURITY NUMBERS.** If the list is long, please consider using multiple columns, double siding, or sending an Excel file on a CD.

(continued on next page)

a, b, c, and/or d	Full legal name last, first, middle	Desk name (alias)	Date of birth	Oregon driver license number

Use additional pages, as needed.

12. On a separate sheet of paper, list all branches from which Oregon debts are collected. Include physical address, phone number, and the location manager's name.

13. Enclose the **signed original** surety bond, keeping a copy for your file. A bond form is provided with this application.

14. Registration fee

As required by OAR 441-810-0150(1), an initial registration fee of \$350 must accompany this application. Make checks payable to the Department of Consumer and Business Services.

15. Signature

I certify that all information provided on this application is complete and true.

By (signature): _____

Please print name of signer: _____

Title: _____

Date: _____

Please send completed forms and fee to:

Division of Finance and Corporate Securities
DCBS — Fiscal Services
P.O. Box 14610
Salem, OR 97309-0445

or

350 Winter St. NE
Salem, OR 97301-3881

All future correspondence, except renewals, should be mailed to:

Division of Finance and Corporate Securities
Collection Agency Program
P.O. Box 14480
Salem, OR 97309-0405

or

350 Winter St. NE, Room 410
Salem, OR 97301-3881

OREGON COLLECTION AGENCY SURETY BOND

Surety Bond No.: _____

_____, as principal, and _____, a corporation duly organized and existing under the laws of _____ and authorized to transact a surety

business in the State of Oregon, as surety, are held and bound unto the State of Oregon, for the use of the state and any person who may have a cause of action against the principal, in the penal sum of ten-thousand dollars (\$10,000), lawful money of the United States, for the payment of which we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

The condition of this obligation is such that the above-named principal has applied to the director of the Department of Consumer and Business Services of the State of Oregon for a collection agency registration under the provisions of ORS Chapter 697 and is required by the provisions of that law to furnish a bond conditioned as herein set forth.

If the said principal _____ strictly, honestly, and faithfully complies with the provisions of ORS Chapter 697 and all rules adopted thereunder, and all amendments thereof and supplemental thereto, now or hereafter enacted, then this obligation shall be void, otherwise to remain in full force and effect.

This bond becomes effective on the _____ day of _____, 20 _____. The surety shall have the right to cancel the bond by sending notice of cancellation by registered or certified mail to the principal and to the administrator, Division of Finance and Corporate Securities, Department of Consumer and Business Services, State of Oregon. Such cancellation takes effect on the date specified in the notice, but not earlier than the 30th day after the date of mailing. The surety shall have no liability under the bond for an act or default occurring after the effective date of cancellation.

This bond shall be one continuing obligation and the liability of the surety for the aggregate of any and all claims which may arise hereunder shall in no event exceed the amount of the penalty hereof.

IN WITNESS WHEREOF, we have hereunto set our hands and seal at _____ in the state of _____, this _____ day of _____, 20 ____.

Principal: _____

by: _____

Title: _____

Corporate seal

Surety: _____

by: _____

NOTE: Power of attorney granting proper authority to person or persons executing this bond to execute and deliver bonds on behalf of the surety company shall be on file with the Oregon Insurance Division.

Cancellation notice should be sent to: Department of Consumer and Business Services
Division of Finance and Corporate Securities
Collection Agency Program
350 Winter St. NE, Room 410
Salem, OR 97301-3881

REQUEST FOR WAIVER
Oregon Collection Agency Program

For collection agencies whose head office is not located in Oregon.
Submit this form with your Oregon Collection Agency Program registration application.

We request the following waiver:

- Oregon office location
- Trust account in an Oregon financial institution

This waives only the requirement to have a trust account in an **Oregon** financial institution. Complete the following information about the trust account **located in a state other than Oregon**:

Trust account name: _____ Account number: _____

Name of financial institution: _____

Address of financial institution: _____

Check one of the following:

- Applicant has been regulated as a collection agency by the State of Oregon for the two years immediately preceding this request.

Registration number: _____

- Applicant has been regulated as a collection agency by the State of _____, whose collection agency laws are similar to those of Oregon, for at least five years. We enclose a copy of the current license/registration certificate.

Original license/registration date: _____

License/registration number: _____

- Neither of the two preceding options apply. We enclose a \$15,000 surety bond or a rider to our existing \$10,000 bond, increasing it to \$15,000.

By signing this request for waiver, we agree to provide prompt remittance of debtor funds to our clients. We also agree to make our books and records available for examination and to pay the cost of out-of-state audits by DFCS, including travel, lodging, and per diem expenses.

We attest that the above statements are complete and true.

Name of business as shown on current Oregon collection agency registration or application: _____

Signature: _____ Date: _____