IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 425/1 et.seg. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

Certificate of Registration)

PART I: Complete the top portion of this form.

COLLECTION AGENCY LEGAL NAME (As it is to appear on

PERSONAL/EMPLOYMENT HISTORY COLLECTION AGENCY

NUMBER OR ITIN

SUPPORTING DOCUMENT

PH-COL

B. FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY

C. ILLINOIS COLLECTION AGENCY REGISTRATION NUMBER (If new application, write N/A.)												
		17-										
PAI	RT II: Must be complete	d by: collection agency;										
		2. Any persons who draw on the trust account; and 3. if the applicant is a corporation, all persons owning 10% or more of the stock of such corporation										
	* *											
	4. if the collection in the partnership		ership, all par	tner	s of the partnership	holding a 10% or	more in	terest				
			ed liability com	npan	y, all members hold	ing 10% or more	interest	in the				
	limited liability co	•	her legal busir	ness	entity, all persons of	owning 10% or m	ore inter	est in				
	the entity.	agency ie any ea	ioi rogai ioaoni	.000	onary, an percent c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
A.	NAME (Last, First, Middle Initial)		В.	B. TITLE OR POSITION HELD WITH AGENCY								
C. RESIDENCE ADDRESS (Include Street, City, State, and ZIP Code					D. SSN OR ITIN							
			E.	. DA	TE OF BIRTH	F. WHAT PERCENT DO YOU OWN?	TAGE OF A	GENCY				
						DO 100 OWN:						
G.	PERSONAL HISTORY QUES	STIONS	<u>'</u>				YES	NO				
1.	Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court?											
2.		ever been an owner, partner, or corporate officer of any entity which was denied a professional license/permit/ ? If yes, attach a detailed explanation.										
3.		djudicated bankrupt? If yes, submit certified copies of court records showing the case number, the date bankruptcy, and the date of discharge, if applicable.										
4.	Have you ever been denied a p	er been denied a professional license/permit/registration? If yes, attach a detailed explanation.										
5.	Have you ever been an owner, partner, or corporate officer of any entity that has had its license/permit/registration disciplined by any licensing authority in Illinois or by any other state or federal licensing authority? If yes, attach a detailed explanation.											
6.	I	ever had a professional license/registration/permit disciplined by any licensing authority in Illinois or by any other ederal authority? if yes, attach a detailed explanation.										
7.	Do you have any unsatisfied jud	we any unsatisfied judgments outstanding against you? If yes, complete the following:										
	Name of Creditor	Date of Judgment	Court Where Entered	d	Legal basis for	Judgement						

H. LIST ALL EMPLOYMENT IN THE LAST 10 YEARS				
NAME OF BUSINESS AND ADDRESS (Include Street, City, State, Zip Code)	POSITION	DATES OF EMPLOYMENT	DUTIES	S
				<u> </u>
PART III: Child Support and/or Studen	t Loan Information			□No
Are you more than 30 days delinquent in (NOTE: If you are not subject to a child			□Yes	□No
(NOTE: If you are not subject to a child2. Are you delinquent in the filing of state taxes		0.)	□Yes	
PART IV: Certifying Statement				Î
Under penalties of perjury, I declare that I hereon are true and correct to the best of r				
 Date	Sid	anature of Owner Partner or C	Cornorate Officer of	Agency