



STATE OF CONNECTICUT
DEPARTMENT OF BANKING
CONSUMER CREDIT DIVISION
260 CONSTITUTION PLAZA, HARTFORD, CT 06103-1800



BRANCH OFFICE - APPLICATION FOR CONSUMER COLLECTION AGENCY LICENSE

Application is hereby made for a license under Chapter 669, Part XII of the Connecticut General Statutes

License Type

Please check the appropriate box:

☐

Third Party Debt Collector Only

☐

Both

☐

Debt Buyer Only

Identifying Information

Applicant Name:

(sole proprietor use "Last, First, Middle")

Branch Address:

Number & Street:

City:

State/Province:

Country:

Postal Code:

International City:

Province:

Country:

Debtor Payment Mailing Address:

Number & Street

(P.O. Box):

City:

State/Province:

Country:

Postal Code:

**Business Phone, Fax
and Email:**

Business Phone:

Fax Line:

Email Address:

Other Business Names

Mailing Address

Mailing Address:

City:

State/Province:

Country:

Postal Code:

Books and Records Information

First & Last Name:

Title:

Business Address:

City:

State/Province:

Country:

Postal Code:

Business Phone:

Fax Line:

Email Address:

Person in Charge of the Office

First & Last Name:

Residential Address:

City:

State/Province:

Country:

Postal Code:

Date of Birth:

Jurisdiction Participation

States in which Applicant operates:

Signature of Applicant

(Signature)

(Name and Title - Print)

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, personally appeared

(Name and Title)

to me known, and known by me to be the signer of the foregoing instrument, who being first duly sworn upon oath, deposes and says he/she has read, and knows the contents thereof, and that the alleged facts herein contained are true to his/her knowledge.

(Notary Public)
(Commissioner of the Superior Court)

(My Commission Expires)

NOTE: This application must be signed by a Control Person listed on the Main Office Application.