



COLORADO UNIFORM CONSUMER CREDIT CODE

RENT-TO-OWN NOTIFICATION FORM

WEBSITE: COLORADOATTORNEYGENERAL.GOV/UCCC

TELEPHONE: (720) 508-6012

ACCOUNT#: _____

NAME AND PHYSICAL LOCATION:	RETURN BY JANUARY 31ST TO: COLORADO DEPARTMENT OF LAW CONSUMER PROTECTION SECTION UNIFORM CONSUMER CREDIT CODE RALPH L. CARR COLORADO JUDICIAL CENTER 1300 BROADWAY, 6TH FLOOR DENVER, CO 80203
MAILING ADDRESS:	

COMPLETE THE FOLLOWING AS APPLICABLE:

1. NAME OF PERSON OR COMPANY – IF DIFFERENT THAN ABOVE:
2. IDENTIFY ALL TRADE NAMES UNDER WHICH BUSINESS IS TRANSACTED – IF DIFFERENT THAN ABOVE:
3. ADDRESS OF PHYSICAL LOCATION – IF DIFFERENT THAN ABOVE:
4. NAME & ADDRESS OF COLORADO REGISTERED AGENT UPON WHOM SERVICE OF PROCESS MAY BE MADE (CORPORATIONS ONLY):
5. MAILING ADDRESS OF PRINCIPAL OFFICE (MAY BE OUTSIDE COLORADO) – IF DIFFERENT FROM ABOVE:

FEE SCHEDULE (CHECK THE APPLICABLE BOX)

INITIAL FILING FEE FOR THIS PHYSICAL LOCATION IN COLORADO AT WHICH RENTAL PURCHASE AGREEMENTS ARE MADE (DUE WITHIN 30 DAYS OF COMMENCING BUSINESS)	<input type="checkbox"/>	\$50.00
OR		
SUBSEQUENT ANNUAL FILING FEE FOR THIS PHYSICAL LOCATION IN COLORADO AT WHICH RENTAL PURCHASE AGREEMENTS ARE MADE AND THAT HAS PREVIOUSLY PAID THE INITIAL \$50.00 FILING FEE	<input type="checkbox"/>	\$25.00
PAID BY (CHECK ONE): CHECK___ ELECTRONIC CHECK___ CREDIT CARD___		

THE UNDERSIGNED HEREBY FILES NOTIFICATION OF INTENT TO ENGAGE IN MAKING RENTAL PURCHASE AGREEMENTS WITHIN THE STATE OF COLORADO		
I HEREBY VERIFY THAT THE INFORMATION STATED ABOVE AND THE AMOUNT PAID ARE TRUE AND CORRECT.		
X SIGNATURE OF OWNER/OFFICER/PARTNER	DATE	
PRINTED NAME OF OWNER/OFFICER/PARTNER	TELEPHONE NUMBER	E-MAIL ADDRESS
MANDATORY INFORMATION FOR SOLE PROPRIETORS AND INDIVIDUAL REGISTRANTS (NOT OPEN TO PUBLIC INSPECTION). THIS INFORMATION IS REQUIRED BY §§ 14-14-113 AND 24-31-107, C.R.S. AND MAY BE USED TO REVOKE, SUSPEND, OR DENY LICENSES OR NOTIFICATIONS AS DETERMINED BY THE STATE CHILD SUPPORT ENFORCEMENT AGENCY FOR NONCOMPLIANCE WITH SUPPORT ORDERS OR SUBPOENAS/WARRANTS RELATING TO PATERNITY AND CHILD SUPPORT. ALSO, PLEASE INCLUDE A PHOTOCOPY OF YOUR DRIVER'S LICENSE, STATE IDENTIFICATION CARD, OR OTHER PHOTO IDENTIFICATION.		
COMPLETE HOME ADDRESS: _____	SSN: _____	