



SOLICITOR/COLLECTOR LICENSE APPLICATION

PO Box 7876
 Madison, WI 53707-7876

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 North Tower
 Madison, WI 53705
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dfi.wi.gov

Notice: This form is required under Section 218.04, Wisconsin Statutes. Refusal to provide this information may result in the denial of a license. Personally identifiable information on this form may be matched against tax information, outstanding child and family support data and law enforcement agencies. Failure to complete this application completely and accurately may result in denial or revocation of license, and any other penalties as provided by law.

This application is to be completed **only** by those solicitor/collectors who plan to conduct business outside of the agency office.

1. **Full Name of Solicitor/Collector**

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2. **Solicitor/Collector's Personal Information**

Street:					
City:		State:		Zip:	
Date of Birth:		Social Security Number:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	

3. **Name, Wisconsin address, and license number of Collection Agency with whom you will be employed.**

Collection Agency Name:	
City:	Collection Agency License Number:

4. If an alias will be used in communications with Wisconsin residents, please indicate the alias name. **Note:** An alias must contain a first and last name. No person may use more than one alias.

5. If you were previously licensed as a collector or solicitor in this or any other state, has your license ever been suspended or revoked?

Yes No

If yes, provide details about the suspension or revocation including, but not limited to, name and location of employer and date of suspension or revocation.

6. Have you ever been convicted of a misdemeanor or felony (other than minor traffic offenses) in this or any other state?

Yes No

If yes, provide details about the misdemeanor or felony including, but not limited to, conviction, conviction date, penalty and location of court.

7. Are there any felony or misdemeanor charges (other than minor traffic offenses) pending against you in this or any other state?

Yes No

If yes, provide details about the pending charges, including but not limited to charge, date and court.

I, _____, the applicant, hereby certify that the answers and statements contained on this application are correct and true. I further certify that I understand the provisions of Section 218.04, Wis. Stats., and Rule DFI-Bkg 74, Wis. Admin. Code, relative to the collecting and soliciting of accounts receivable. **I also agree to allow the Department of Financial Institutions to conduct a criminal background investigation.**

(Signature of Applicant)

(Date)

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, _____

(Notary Public)

My Commission Expires: _____

THE FOLLOWING MUST BE COMPLETED BY AN OFFICER, A DULY AUTHORIZED AGENT, MEMBER, PARTNER OR OWNER OF THE COLLECTION AGENCY

I, _____, hereby certify that:

I have made a diligent inquiry and investigation and believe the statements made by the applicant named herein are true. On behalf of this collection agency, I endorse the applicant as an individual of good standing and one who is worthy of being licensed.

1. I hereby request licensure be granted and I agree to be responsible for the applicant's acts as a collector or solicitor while employed by this collection agency or while representing the agency as an independent contractor.
2. Instructions covering the provisions of Section 218.04, Wis. Stats., and Rule DFI-Bkg 74, Wis. Admin. Code, relative to the collecting and soliciting of accounts receivable, have been given to this applicant, and I believe the applicant has a reasonable understanding of them.
3. I agree the applicant will not actively collect or solicit accounts receivable for this collection agency outside of the agency office until applicant has been licensed by the Department of Financial Institutions.
4. If applicant's employment with this agency terminates, the Department of Financial Institutions will be notified of the termination date.

5. _____
(Signature of officer, duly authorized agent, member, partner or owner) (Date)

(Print name of officer, duly authorized agent, member, partner or owner)

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.