

STATE OF LOUISIANA
OFFICE OF FINANCIAL INSTITUTIONS
BATON ROUGE, LOUISIANA
www.ofi.louisiana.gov

APPLICATION REQUIREMENTS FOR LICENSURE REPOSSESSION AGENCY

All of the following documents **must** be submitted before this application will be accepted for filing and processing:

- A check or money order payable to the Office of Financial Institutions (cash will not be accepted) in the amount of \$1,500 for the Repossession Agency Licensee Fee. This fee includes the Qualifying Agent.
Note: All fees are nonrefundable.
- A check or money order payable to the Office of Financial Institutions (cash will not be accepted) in the amount of \$_____ (\$38.00 for each set of fingerprint cards submitted) for the background processing fee.
- Completed, signed, and notarized application.
- Proof of membership in approved association (see definition LAC 10:XV.1301(A) and attached list)
- Qualifying Agent must provide:
 - Proof of designation as a certified recovery specialist from a recognized national certification program as per LAC 10:XV.1303(C)(1)(f).
 - A legible copy of the Qualifying Agent's driver's license.
 - Evidence of 3 years experience with a repossession agency within the previous five years as per LAC 10:XV.1303(C)(1)(e).
Each year of experience shall consist of at least 1,000 hours of actual compensated work performed by the applicant with a repossession agency preceding the filing of an application. An applicant shall substantiate the claimed hours of qualifying experience by providing copies of IRS forms, W-2's or 1099's and the exact details as to the character and nature of duties by written certifications from the employer as per LAC 10:XV. 1303(F). In the event of inability of an applicant to supply the written certifications from the employer applicants may offer written certifications from other sources for consideration by the Commissioner.
 - Certificate of Resolution designating the Qualifying Agent [**Attachment E**]
 - Authority form [**Attachment B**]
 - Employment and residential history [**Attachments C & D**]
- A copy of the surety bond or client protection bond as per LAC 10:XV.1303(B)(2).
- Financial Statement. signed by an authorized officer and includes balance sheet and income statement.
- Proof of Liability Insurance as per LAC 10:XV.1303(B)(3).
- 2 copies of a Fingerprint Card for each person listed in Question 16.
- Louisiana State Police Criminal Identification and Information Form for each person submitting fingerprint cards. Louisiana State Police will not process incomplete forms. Incomplete forms will be returned. (Form included with application.)
- Authority form [**Attachment B**] for each person listed in Question 16.
- Employment and residential history [**Attachments C & D**] for each person listed in Question 16.
- Separate applications for each Repossession Agent/Apprentice.

The Commissioner may, as he deems necessary, conduct examinations to determine that rules, regulations, and statutes are being followed.

Contact person regarding completion of this application: the Non-Depository Licensing Division 225-925-4660 or ofilicensing@ofi.la.gov or Fax: (225) 922-2860.

Applications may be mailed or hand delivered to:

Office of Financial Institutions
P. O. Box 94095
Baton Rouge, LA 70804-9095

Office of Financial Institutions
8660 United Plaza Boulevard – 2nd Floor
Baton Rouge, LA 70809

INSTRUCTIONS
APPLICATION FOR LICENSURE REPOSSESSION AGENCY

This application will not be considered complete until this Office receives all fees and required information. Failure to provide all documentation will result in increased processing time and possible denial of the application.

- No. 1 Full legal name of applicant. This is not an individual's name unless you are a sole proprietor. The name inserted on this line must be **identical** to the name filed with the Secretary of State.
- No. 2 LAC 10:XV.1303(B)(5) states in part "No license shall be issued in any name other than its legal name." Trade names and assumed names are not allowed. (i.e. d/b/a)
- No. 3 Street address of the office location that will appear on the face of the license.
- No. 4 The mailing address of the applicant, if different from No. 3. If the mailing address of the applicant is the same as No. 3 answer N/A.
- No. 5 Main office phone number, fax number, web site and/or e-mail address.
- No. 6 Check the type of organization. Attach copies of Certificate of Authority, Articles of Incorporation or Organization, Partnership Agreement and Bylaws, whichever is applicable.
- No. 7 Insert the state in which the applicant was originally registered and date that the applicant was incorporated, organized or formed.
- No. 8 Out-of-state applicants must submit documentation evidencing that the company/entity is authorized to do business in this state. (Registration Certificate from the proper authority such as the Secretary of State)
- No. 9 Self-explanatory
- No. 10 Must be one of the approved associations (see LAC 10:XV.1301(A))
- No. 11 Complete name, address, and phone number of the Registered Agent for Service of Process. (Sole Proprietor's answer N/A) Registered Agent must be a person located in the state in which you are applying. Must match what was filed with the Louisiana Secretary of State.
- No. 12 Self-explanatory
- No. 13 Self-explanatory
- No. 14 Self-explanatory
- No. 15 List the states in which the applicant/registrant is conducting or has conducted similar business.
- No. 16 List the name, title, complete address, and percentage of ownership of each principal officer, director, manager, member, partner, and all 10% or greater equity owners. Include Qualifying Agent. Additional sheets may be copied and attached if necessary. For purposes of this application, "equity owners" includes stockholders, members, partners, or limited partners that own equity in the business seeking licensure. If applicant is a subsidiary, list requested information for parent company. Qualifying Agent must be responsible officer or executive employee.
- No. 17 Self-explanatory
- No. 18 Information concerning the parent company if the applicant is a subsidiary and an organizational chart.

ALL ATTACHMENTS MUST BE SUBMITTED

10/14/16	APPLICATION FOR LICENSURE			TYPE OF LICENSE: REPOSSESSION AGENCY
1.	Full legal name of applicant (<i>attach secretary of state certificate from the state in which you are applying</i>):			
2.	Trade name, d/b/a, or assumed name of applicant, if applicable: (<i>attach registration documentation/certificate</i>) <i>N/A (see LAC 10:XV. 1303(B)(5))</i>	Federal Tax I.D.#:		
3.	Principal office street address:			
	City:	State:	Zip Code:	Parish:
4.	Mailing address (street or post office box):			
	City:	State:	Zip Code:	
5.	Business phone number:	Business fax number:		
	E-mail address:	Web site: www.		
6.	Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other (Explain)	
7.	State/Commonwealth of Incorporation:	Date of Incorporation/Organization:		
8.	If a foreign corporation or other type of legal entity, state the date that the entity filed with the proper state authority in which the applicant is applying. (e.g. secretary of state), if so required:			
9.	Physical address of location at which the official books and records of the applicant are kept:			
	City:	State:	Zip Code:	Phone No.:
10.	Name of Approved Association: (<i>attach a copy of the certificate</i>) (<i>see LAC 10.XV.1301(A)</i>)			
	Address:			
	City:	State:	Zip Code:	Phone No.:
11.	Registered agent for service of legal process: (<i>must be located in state/commonwealth in which you are applying</i>) This should be the same as filed with the Louisiana Secretary of State.			
	Name:			
	Address:			
	City:	State:	City:	Parish:
12.	Person authorized to answer questions pertaining to this application:			
	Name:			
	Address:			
	City:	State:	Zip Code:	Phone No.:
E-Mail Address:		Fax No.:		

13.	Person authorized to answer compliance issues:				
	Name:				
	Address:				
	City:	State:	Zip Code:	Phone No:	
	E-Mail Address:		Fax No:		
14.	Person authorized to answer consumer complaints:				
	Name:				
	Address:				
	City:	State:	Zip Code:	Phone No:	
	E-Mail Address:		Fax No:		
15.	List all states in which applicant is conducting or has conducted business related to this application: <i>(attach list if necessary)</i>				
	State or states in which business is/was conducted	Type of business conducted	Names under which applicant <u>is</u> or <u>has</u> operated	Original license date	Active or Inactive
16.	List all principal officers and title held (including the qualifying agent), directors, managers, partners, members. <i>(attach addendum if necessary)</i>				
	Name & Title	Principal Office Address		% Ownership	
	Name & Title	Principal Office Address		% Ownership	
	Name & Title	Principal Office Address		% Ownership	
	Name & Title	Principal Office Address		% Ownership	
	Name & Title	Principal Office Address		% Ownership	
	List all persons that have a 10% or greater equity interest not listed above.				
Name	Principal Office Address		% Ownership		
Name	Principal Office Address		% Ownership		
Name	Principal Office Address		% Ownership		

17.	Read the following questions carefully. If the answer is yes to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgement amounts.		
A.	Are there any civil or criminal proceedings pending against the applicant <u>or</u> civil or criminal convictions, plea of nolo contendere or plea to lesser charge entered against the applicant that involve theft, fraud, dishonest dealings or moral turpitude?	() Yes, attach explanation () No	
B.	Is/has the applicant ever been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	() Yes, attach explanation () No	
C.	Has any other state or federal government agency denied the applicant a license or permit?	() Yes, attach explanation () No	
D.	Is/has the applicant been the subject of any administrative action or enforcement proceeding by any state or federal government agency involving fines, penalties, or the revocation or suspension of any business license or permit?	() Yes, attach explanation () No	
18.	Is applicant a subsidiary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Parent company name:		
	Mailing address:		
	City:	State:	Zip Code:
	If applicant's parent company is a corporation, state where and when incorporated.		
	State Incorporated:	Date Incorporated:	
IN ADDITION TO ALL OF THE ABOVE, APPLICANT MUST SUBMIT THE FOLLOWING ATTACHMENTS:			
A.	Authority to Obtain Information from Outside Sources on each person listed in question #16.(See Attachment B)		
B.	A current 10-year employment/experience form (See Attachment C) and Residential addresses for the last 10 years for everyone listed in #16. (See Attachment D)		
C.	Certificate of Resolution form designating the Qualifying Agent. (See Attachment E)		
D.	Financial Statement on the applicant to include balance sheet, Profit & Loss statement and changes in equity capital.		
E.	Copies of one of the following, whichever is applicable: 1. If applicant is a corporation, provide a copy of Articles of Incorporation, including amendments. 2. If applicant is a Limited Liability Company (LLC) provide a copy of the Articles of Organization and operating agreement. If no operating agreement exists provide a notice stating this, signed by the members. 3. If applicant is a general partnership or a Limited Liability Partnership (LLP) provide a copy of the Partnership Agreement.		

APPLICATION AFFIDAVIT

Signed this _____ day of _____ 20_____.

Name of Company

By: _____
Signature of Authorized Person

Print Name and Title

STATE OR COMMONWEALTH OF _____
COUNTY /PARISH OF _____

_____ personally came and appeared before me, the undersigned
(authorized person above)
notary, and declared under oath that she/he is the _____ of
(Title)
_____, that she/he is authorized to sign and submit the attached
(Name of Company)
application and that all statements and representations made therein are true and correct to the best of
his/her knowledge, information and belief.

Signature of the authorized person

Sworn to and subscribed before me on this the _____ day of _____ 20_____.

Notary Public

Print Name of Notary Public

My Commission Expires: _____

(Seal)

**CERTIFICATE OF RESOLUTION
DESIGNATING THE QUALIFYING AGENT**

*This form must be completed by all applicants, except sole proprietors,
and must include the applicant's full name.*

This is to certify that at a meeting of the Board of Directors/or Members/ or Partners of

_____ Full Legal name of applicant/company
organized under the laws of the State/Commonwealth of _____ held at

_____ Street address _____ City _____ State _____ Zip Code

on the _____ day of _____ 20____, the following resolution was

duly and legally presented and adopted, to wit:

It being the desire and purpose of _____
Full Legal name of applicant/company

to be licensed or registered, BE IT RESOLVED, that _____
Name and Title of authorized representative

has been designated as the **Qualifying Agent**.

AUTHORIZED SIGNATURE

(If corporation, this form must be signed by Secretary)

Print Name

TITLE : _____

DATE: _____

LOUISIANA OFFICE OF FINANCIAL INSTITUTIONS
8660 United Plaza Boulevard, 2nd Floor
Baton Rouge, LA 70809
(225) 925-4660

FINGERPRINT CARD INFORMATION

Act 236 of the 2006 Regular Session of the Louisiana Legislature amended LSA-R.S. 6:121.2 effective June 2, 2006. This section authorizes the Commissioner of Financial Institutions to request and obtain state and national criminal history record information on any person applying for any license with the Office of Financial Institutions, as well as require any applicant for any license to submit two full sets of fingerprints in a form or manner prescribed by the Commissioner as a condition of the Commissioner's consideration of their application.

WHO MUST SUBMIT FINGERPRINT CARDS:

- 1) **Owner(s):** Sole Proprietors; partners and general partners, if partnership; trustees; members and general members, if an LLC; and 10% or greater equity owners.
- 2) **Director(s):** All directors.
- 3) **Officer(s):** Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, President, Executive Vice President(s), Corporate Secretary, Treasurer, or individuals of similar status or function.
- 4) **Repossession Agents:** Includes Qualifying Agent and any Agents or Apprentices that that are applying for a license.

WHAT MUST BE SUBMITTED:

- 1) Two **original** Form FD 258 fingerprint cards or equivalent which can be obtained from your local law enforcement office. In addition to your fingerprints, the cards must have your Social Security Number, date of birth, printed name, and signature. If submitting cards done electronically (digital cards), the fingerprints on each card should be taken separately instead of taken once and printed out twice. A duplicated card that gets rejected may result in an additional \$38.00 processing fee and will delay the processing of the application.
- 2) \$38.00 nonrefundable criminal background processing fee made payable to the Office of Financial Institutions. (This fee is in addition to the application fee.)
- 3) Completed Authority to Obtain Information from Outside Sources form, signed and dated and notarized (included in application packet).
- 4) Completed and signed Louisiana State Bureau of Criminal Identification and Information Form (included in application packet).

IMPORTANT NOTICE

Applicants submitting fingerprint cards that are smudged or unreadable will be required to resubmit new cards. This will add to the processing time of the application.

AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES**THIS FORM MUST BE SUBMITTED FOR EACH PERSON LISTED IN QUESTION # 16**

Name:	Social Security #:
	Drivers License #: (Attach a legible copy)
Home Address, City, State, Zip Code:	
Date of Birth:	Home Telephone No:
Read the following questions carefully. If the answer is "yes" to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgment amounts.	
Have you ever been convicted of, pleaded guilty to, or entered a plea of Nolo Contendere (no contest) to a felony, including any which may have been expunged, set aside or for which you received a first offense pardon?	() Yes, attach explanation () No
Have you ever been convicted of, pleaded guilty to, or entered a plea of Nolo Contendere (no contest) to any misdemeanor involving theft, fraud, or dishonesty, including any which may have been expunged, set aside or for which you received a first offense pardon?	() Yes, attach explanation () No
Have you been refused a license or permit to do business under the provisions of a similar law or subject to any enforcement proceedings by any State or Federal government agency involving the revocation or suspension of any business license or permit, fines or penalties?	() Yes, attach explanation () No
Have you been discharged for cause or been requested to resign from any employment position?	() Yes, attach explanation () No
Have you been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	() Yes, attach explanation () No
Are there any civil proceedings pending against you or civil judgments entered against you which involve fraud or dishonesty?	() Yes, attach explanation () No
Have any civil judgments been entered against you during the past 10 years?	() Yes, attach explanation () No
I hereby authorize the licensing authority, to make inquiries from any financial institution, credit bureau, current and former employers, law enforcement agency and any other person or any agent acting on its behalf, obtain any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment, and in the case of former employers, complete reasons for my termination for the purpose of determining my financial responsibility, character and fitness in connection with any renewal or application for a license or registration. I affirm that I have executed this form of my own free will and have read and understand the items and instructions; my answers (including attachments) are true and complete to the best of my knowledge. I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers. FALSE OR MATERIALLY INCOMPLETE ANSWERS ARE GROUNDS FOR DENIAL OR REVOCATION.	
I hereby certify that the information on this form is, to the best of my knowledge, complete and accurate.	
_____ Signature	
SUBSCRIBED BEFORE ME ON THIS _____ day of _____, 20 _____.	
AT: _____, (CITY)	_____ (STATE or COMMONWEALTH)
PRINT NAME OF NOTARY PUBLIC:	SIGNATURE OF NOTARY PUBLIC:

**Louisiana State Police
Bureau of Criminal Identification and Information
Baton Rouge, Louisiana**

FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY

FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION

PLEASE PRINT

Louisiana Office of Financial Institutions

FACILITY OR AGENCY

Michelle Jeansonne

FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

P.O. Box 94095

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Baton Rouge, Louisiana 70804

CITY STATE ZIP CODE

(225) 925-4660

FACILITY OR AGENCY PHONE NUMBER

Request For: (pick one only)

- | | |
|--|---|
| <input type="checkbox"/> ADULT DAY CARE | <input type="checkbox"/> MEDICAL EXAMINERS |
| <input type="checkbox"/> ADULT RESIDENTIAL | <input type="checkbox"/> NURSING HOME |
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION | <input type="checkbox"/> OCS FOSTER/ADOPTIVE |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET | <input type="checkbox"/> OCS PERSONNEL |
| <input type="checkbox"/> AMBULANCE SERVICE | <input checked="" type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS |
| <input type="checkbox"/> CASA | <input type="checkbox"/> OFFICE OF PUBLIC HEALTH |
| <input type="checkbox"/> CONCEALED HANDGUNS | <input type="checkbox"/> PHARMACY BOARD |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE | <input type="checkbox"/> POSTSECONDARY EDUCATION |
| <input type="checkbox"/> DAYCARE | <input type="checkbox"/> PRACTICAL NURSING |
| <input type="checkbox"/> DENTISTRY BOARD | <input type="checkbox"/> PRIVATE ADOPTION |
| <input type="checkbox"/> DEPARTMENT OF LABOR | <input type="checkbox"/> PRIVATE INVESTIGATORS |
| <input type="checkbox"/> DEPARTMENT OF PUBLIC SAFETY | <input type="checkbox"/> PRIVATE SECURITY |
| <input type="checkbox"/> EMPLOYERS | <input type="checkbox"/> PUBLIC HOUSING |
| <input type="checkbox"/> FIREFIGHTERS | <input type="checkbox"/> PUBLIC TAG AGENT |
| <input type="checkbox"/> GAMING | <input type="checkbox"/> REGISTERED NURSING |
| <input type="checkbox"/> HOME HEALTH AGENCY | <input type="checkbox"/> RELIGIOUS ACTIVISTS |
| <input type="checkbox"/> HOSPICE | <input type="checkbox"/> RIVERBOAT PILOTS |
| <input type="checkbox"/> IMMIGRATION | <input type="checkbox"/> SCHOOL |
| <input type="checkbox"/> INTERMEDIATE CARE FACILITY FOR
MENTALLY RETARDED | <input type="checkbox"/> SENATE AND GOVERNMENTAL AFFAIRS |
| <input type="checkbox"/> JUVENILE DETENTION CENTER | <input type="checkbox"/> TAXI DRIVERS |
| <input type="checkbox"/> DEPARTMENT OF INSURANCE | <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION |
| <input type="checkbox"/> MANUFACTURED HOUSING | <input type="checkbox"/> VOLUNTEERS WORKING WITH CHILDREN |
-

APPLICANTS FULL NAME: _____

****PRINT - USE INK****

LAST FIRST MIDDLE
(INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE)

APPLICANTS SIGNATURE: _____

APPLICANTS SOCIAL SECURITY # _ _ _ - _ _ - _ _ _ DATE OF BIRTH: _ _ / _ _ / _ _

DRIVERS LICENSE # _____ & STATE _____ RACE _____ SEX _____

TYPE OF OFI LICENSE APPLIED FOR _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.

CERTIFICATE OF RESOLUTION

Use this form to designate additional authorized individuals to act on behalf of the Licensee.

Each person listed in the initial application as a director, manager, member, partner, sole proprietor, 10% or greater equity owner and/or executive officer (CEO, CFO, COO, President, EVP, Secretary, Treasurer, or individuals of similar status or function) will be considered authorized to prepare, execute, verify, and present to the Office of Financial Institutions ("OFI") a written application for licensure, registration, documents or subsequent changes in the licensee's records with OFI. Therefore, anyone listed in the initial application is not required to file this form.

This is to certify that at a meeting of the Board of Directors/or Members/ or Partners of

Full legal name of applicant/company

organized under the laws of the State/Commonwealth of _____ held at

Street address

City

State

Zip Code

on the _____ day of _____, 20____, the following resolution was

duly and legally presented and adopted, to wit:

It being the desire and purpose of _____

Full legal name of applicant/company

to be licensed or registered and maintain such license or registration, BE IT RESOLVED, that

_____ who is the _____

Name of additional authorized representative

Title of additional authorized representative

of this limited liability company, corporation, limited partnership, or general partnership is in his/her official capacity, hereby authorized and directed to prepare, execute, verify, and present to OFI all requisite papers and documents, including, but not limited to, applications, reports, and licensing forms or subsequent changes in the licensee's records with OFI.

AUTHORIZED SIGNATURE

(If corporation, this form must be signed by the Secretary)

Print Name

TITLE : _____

DATE: _____

REPOSSESSION AGENCY ASSOCIATIONS

Allied Finance Adjusters Conference, Inc

PO Box 20708

Chicago, IL 60620-0708

1-800-621-3016

www.alliedfinanceadjusters.com

American Recovery Association, Inc

5525 N. MacArthur Blvd., Suite 135

Irving, Texas 75038

972-755-4755

972-870-5755 fax

www.repo.org

National Finance Adjusters

P.O. Box 3855

Baltimore, Maryland 21217-0855

410-728-2400

410-523-8336 fax

www.nfa.org

Time Finance Adjusters

728 Fentress Blvd.

Daytona Beach, FL 32114

800-874-0510

386-274-4210

386-274-4660 fax

www.tfaguide.com

Louisiana Recovery Association, Inc.

P.O. Box 435

Shreveport, LA 71162

joan@louisianarepossessions.com