

**MULTI-STATE DEBT COLLECTION ENTITY
MANAGEMENT QUESTIONNAIRE
AND INFORMATION REQUEST**

Entity Name:

NMLS Number:

Review Period:

This request asks for information and documents relating to [Licensee Name].

If you have any questions about this request, please contact [Examiner Name], Examiner-in-Charge (EIC), at [EIC's phone number].

All questions are to be answered. Please reflect information for each participating examination state listed separately as appropriate to the question.

After you have completed this request, please make your response available by secure electronic means (e.g., data room, encrypted hard drive, encrypted e-mail). If necessary, contact the EIC for additional instructions.

I. General Information

INSTRUCTIONS: Label each document with the number in the left column.

IR 01	State the name under which the entity is licensed. If different for different states, list each as appropriate.
IR 02	List all "doing business as" (d/b/a) or "trade names" under which the business is conducted for each state as appropriate.
IR 03	Provide the following information for the contact person for this examination: <ul style="list-style-type: none"> • Name and title; • Business address; • Telephone number; • Facsimile number; • E-mail address.
IR 04	Provide the following information for the entity's principal office referenced in IR 01: <ul style="list-style-type: none"> • Business address; • Telephone number; • Facsimile number; • E-mail address; • Website address.

**MULTI-STATE DEBT COLLECTION ENTITY
MANAGEMENT QUESTIONNAIRE
AND INFORMATION REQUEST**

Entity Name:	NMLS Number:
Review Period:	

IR 05	Provide the mailing address if different than in IR 04 above.
IR 06	Provide the address where the books and records are maintained if different than in IR 04 above. Also, provide the address/location where payments are processed if different than in IR 04 above.

II. Regulatory/Compliance

INSTRUCTIONS: Label each document with the number in the left column.

IR 07	Provide a list of the states or jurisdictions in which the entity conducts consumer collection business. Identify if the entity is licensed, registered, exempted by statute, or otherwise not required to be licensed or registered in each of those states. List each licensed address reflecting applicable license numbers (Nationwide Multi-State Licensing System (“NMLS”) number(s), if applicable).
IR 08	Indicate how the entity is organized, Sole Proprietorship, Partnership, Corporation, S Corporation, C Corporation, Limited Liability Company or Other (specify).
IR 09	Provide an organizational chart detailing relationships of the licensed entity, showing ownership, parent, subordinate and/or affiliate relationships as applicable.
IR 10	Provide a management chart showing the entity’s divisions and managers along with a brief description of each department or group. Provide the number of active employees within each department or group along with management oversight responsibilities.
IR 11	Provide a list of the name, title and responsibilities of all officers, principals, partners, owners, directors and 10% or greater stockholders of the entity on attached Schedule A. Specifically, indicate if there were any changes in principals, partners, officers, stockholders or managers not previously reported, as well as any changes to information submitted on the most recent application or renewal application.

**MULTI-STATE DEBT COLLECTION ENTITY
MANAGEMENT QUESTIONNAIRE
AND INFORMATION REQUEST**

Entity Name:

NMLS Number:

Review Period:

IR 12	<p>Does the entity or any officer, principal, partner, owner, director or employee own more than 1% of any of the following entities: if yes, complete attached Schedule B.</p> <table border="0"> <thead> <tr> <th><u>Type of Company</u></th> <th><u>YES</u></th> <th><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>Billing Service Company</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Credit Clinic</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Credit Reporting Company</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Debt Adjustment/Management Company</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Debt Negotiation/Settlement Company</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Debt Purchasing Company</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </tbody> </table>	<u>Type of Company</u>	<u>YES</u>	<u>NO</u>	Billing Service Company	<input type="checkbox"/>	<input type="checkbox"/>	Credit Clinic	<input type="checkbox"/>	<input type="checkbox"/>	Credit Reporting Company	<input type="checkbox"/>	<input type="checkbox"/>	Debt Adjustment/Management Company	<input type="checkbox"/>	<input type="checkbox"/>	Debt Negotiation/Settlement Company	<input type="checkbox"/>	<input type="checkbox"/>	Debt Purchasing Company	<input type="checkbox"/>	<input type="checkbox"/>
<u>Type of Company</u>	<u>YES</u>	<u>NO</u>																				
Billing Service Company	<input type="checkbox"/>	<input type="checkbox"/>																				
Credit Clinic	<input type="checkbox"/>	<input type="checkbox"/>																				
Credit Reporting Company	<input type="checkbox"/>	<input type="checkbox"/>																				
Debt Adjustment/Management Company	<input type="checkbox"/>	<input type="checkbox"/>																				
Debt Negotiation/Settlement Company	<input type="checkbox"/>	<input type="checkbox"/>																				
Debt Purchasing Company	<input type="checkbox"/>	<input type="checkbox"/>																				
IR 13	<p>Provide a list of all entity employees by title/position, listing collector's aliases as applicable. For collectors indicate the location from which they perform the collection activities. Please note if any location is a home/residence, and whether the employees are W2 or 1099.</p>																					
IR 14	<p>Describe the entity's hiring process. Provide details relating to any screening process or background checks conducted. Indicate if an outside source is employed to pre-screen applicants. Describe any specific minimum requirements for candidates such as age, experience or education.</p>																					
IR 15	<p>Describe who is responsible for oversight of the collection staff. Provide details as to who conducts evaluations and training, and the frequency of such.</p>																					
IR 16	<p>Provide a copy of the minutes from the corporate meeting(s) for the the review period, if applicable.</p>																					
IR 17	<p>Provide a list of any other business(es) conducted from the licensed location(s).</p>																					
IR 18	<p>Provide a copy of the entity's business plan and list entity's main source of business during the review period. [Collection Contracts, Debt Purchasing Contracts, Other (specify)].</p>																					

**MULTI-STATE DEBT COLLECTION ENTITY
MANAGEMENT QUESTIONNAIRE
AND INFORMATION REQUEST**

Entity Name:	NMLS Number:
Review Period:	

IR 19	Provide a copy of all advertising conducted during the review period, broken down for each participating examination state.
-------	---

III. Policies and Procedures

IR 20	<p>Provide copies of the following policies/procedures:</p> <ul style="list-style-type: none"> • Auto dialer; • Call monitoring/recording; • Payment processing; • Complaint processing; • Complaint tracking; • Credit Bureau reporting; • Data Security/Physical security; • Employee manual; • Human Resource manual; • Outside vendor contracts/monitoring; • Record retention; • Training manual. <ul style="list-style-type: none"> ○ Include training materials such as power points, sample tests/exams or any other pertinent training materials or documentation.
-------	---

IV. Reportable Actions

IR 21	<p>a) Has the entity or any officer, principal, partner, owner, director or employee ever been denied a license/registration or approval by any state or federal governmental agency to engage in any regulated activity? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 40px;">If YES, provide details and copies of applicable documentation.</p> <p>b) Has the entity been the subject of material litigation or any litigation related to consumer protection or financial service business issues? Material litigation is defined as significant to the financial condition of the agency such as a class action suit. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
-------	--

**MULTI-STATE DEBT COLLECTION ENTITY
MANAGEMENT QUESTIONNAIRE
AND INFORMATION REQUEST**

Entity Name:

NMLS Number:

Review Period:

	If YES, provide details and copies of applicable documentation.
IR 22	<p>Has the entity or any officer, principal, partner, owner, director or employee ever had a license/registration, to engage in any regulated activity, suspended or revoked or otherwise restricted by any state or federal governmental agency? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;">If YES, provide details and copies of applicable documentation.</p>
IR 23	<p>a) Has the entity or any officer, principal, partner, owner, director or employee ever been the subject of any administrative action by any state or federal governmental or regulatory agency? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>b) Has any such administrative action resulted in the payment of fines or penalties? <input type="checkbox"/> YES <input type="checkbox"/> N</p> <p>c) Has any such administrative action resulted in required consumer refunds? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;">If YES to any of the above, provide details and copies of applicable documentation.</p>
IR 24	<p>Is the entity currently under investigation by any municipal, state or federal government agency? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;">If YES, provide details?</p>
IR 25	<p>a) Has the entity or any officer, principal, partner, owner, director or employee ever been a defendant or been indicted in any criminal or civil litigation (exclusive of motor vehicle or divorce)? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>b) Has there been a conviction or judgment that has resulted from the litigation referenced in paragraph a? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;">If YES to any of the above, provide details and copies of applicable documentation.</p>

**MULTI-STATE DEBT COLLECTION ENTITY
MANAGEMENT QUESTIONNAIRE
AND INFORMATION REQUEST**

Entity Name:	NMLS Number:
Review Period:	

IR 26	<p>Has any officer, principal, partner, owner, director or employee criminally misused, embezzled, absconded with or willfully misapplied any funds or valuables for which the entity was responsible? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;">If YES, provide details and copies of applicable documentation.</p>
IR 27	<p>Has the entity ever had a claim filed against its surety bond, letter of credit or other similar instrument? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;">If YES, provide details and copies of applicable documentation.</p>

V. Complaint History

	INSTRUCTIONS: Label each document with the number in the left column.
IR 28	<p>Provide a list of all consumer debtor complaints filed against the entity during the review period to include both written and verbal. This must be in excel format and contain information for all states, not just for the participating examination states. The excel spreadsheet must contain the following:</p> <ul style="list-style-type: none"> • Complainant name (Last, First); • Complainant address, including state; • Complainant telephone number; • Complainant account number; • Client name; • Summary of complaint and response; • Complaint resolution; • Collector name (if applicable); • Branch number (if applicable).
IR 29	<p>Provide a list all complaints from any Federal, State or BBB inquires containing the same information and in the same excel format as above.</p>
IR 30	<p>Provide information on whether the entity does any after-the-fact complaint analysis, including but not limited to, root cause analysis, complaint analytics or audits (internal &/or external). Indicate who reviews and analyzes the data, and how frequently.</p>

**MULTI-STATE DEBT COLLECTION ENTITY
MANAGEMENT QUESTIONNAIRE
AND INFORMATION REQUEST**

Entity Name:

NMLS Number:

Review Period:

IR 31	<p>Provide a list of all litigation filed against consumers during the review period broken down by participating examination states, in excel format, to include the following:</p> <ul style="list-style-type: none"> • Debtor name, address and account number; • Name and address of the individual attorney (not the law office) representing entity; • A copy of the complaint; • Disposition of the suit; • Amount of judgment, if applicable.
IR 32	<p>Provide a list where a consumer, or an attorney representing a consumer, requested validation of the debt or disputed the debt. The list must be in excel format, broken down for each participating examination state, and must include the following:</p> <ul style="list-style-type: none"> • The account number; • Consumer's name; • An indication if the consumer disputed the debt or requested validation; • Date validation request or dispute was received; • Date validation sent; • Date of most recent contact. <p>Additionally, provide a detailed explanation of the agency validation procedure.</p>

VI. Collections

INSTRUCTIONS: Label each document with the number in the left column.

IR 33	<p>Provide a list of all clients/creditors, or third party forwarders on whose behalf contact was made with consumer debtors during the review period. The list must be in excel format and be broken down for each participating examination state. Describe the type(s) of debt collected for each client (i.e. credit card, consumer loans, medical, NSF checks, student loans, etc.), list separately for third party and first party contact.</p>
IR 34	<p>Provide the total number of consumer debtors contacted during the review period, broken down for each participating examination state.</p>

MULTI-STATE DEBT COLLECTION ENTITY

MANAGEMENT QUESTIONNAIRE AND INFORMATION REQUEST

Entity Name:

NMLS Number:

Review Period:

IR 35	Provide a list, broken down by examination state, of the third party collection agencies or forwarders utilized during the the review period. Describe the type(s) of debt being forwarded (i.e. credit card, consumer loans, medical, NSF checks, student loans, stale date, etc.).
IR 36	Provide, as of the most recent month end, the total number of accounts and dollar amount of third party debt the entity is attempting to collect. Provide a separate break down for each participating examination state.
IR 37	Provide a copy of all collection letters utilized by the entity during the review period. This request must include the front and back of each letter, as well as envelopes. Indicate which letter(s) are intended as initial contact or a first communication with debtors. Also indicate in which participating state each letter is used. Ensure letters are numbered or identified by title.
IR 38	Provide a copy of company letterhead.
IR 39	If the entity utilizes an automated telephone dialer or dialing system, provide a copy of all dialer message content(s) and all scripts. Identify each script.
IR 40	Provide a list all action codes and abbreviations, in alphabetical order, used by the entity in any of your system records to collect consumer debt, such as "LM" for left message, along with an explanation of each code.
IR 41	For each examination state, provide recordings of actual calls as described by the following: <ul style="list-style-type: none">• 10 calls with contact to debtors;• 5 calls where a message was left;• 5 calls made to a third party.
IR 42	Provide a description of any collection activities conducted through your website, including client access to accounts and consumer payment options.
IR 43	If consumer collection files are imaged, explain the type of software system used and how it can be accessed from a licensed location or remotely, if applicable.
IR 44	Provide a copy of a standardized client contract.

**MULTI-STATE DEBT COLLECTION ENTITY
MANAGEMENT QUESTIONNAIRE
AND INFORMATION REQUEST**

Entity Name:	NMLS Number:
Review Period:	

IR 45	Provide a list of all vendors the agency contracts with. Include the service(s) provided by each.
IR 46	<p>Provide a listing of any and all fees imposed on debtors by your organization, your clients, or any third party processor during the review period. The listing should include any collection costs, ACH fees, credit card fees, pay-by-phone fees, returned check fees, or any other fee. In excel spreadsheet format and broken down for each participating examination state, the list must include the following:</p> <ul style="list-style-type: none"> • Individual debtor; • Date; • Dollar amount of fee; • Type of fee.
IR 47	If the entity collects child support, tax or municipal obligation payments, indicate in which state(s).

VII. Financial

INSTRUCTIONS: Label each document with the number in the left column.

IR 48	Provide the entity's fiscal year end date. Has the fiscal year end changed in the last year? How frequently are unaudited financial statements prepared?
IR 49	Provide the entity's most recent month-end balance sheet and income statement (may be prepared internally, if so, please attest). Note: If the balance sheet submitted does not include the client's trust account(s) information with a line item in cash assets to reflect restricted funds held on behalf of clients and a line item in liabilities to reflect "due clients", those amounts must be reflected in the statement notes.
IR 50	Provide the entity's most recent audited financial statements, inclusive of all notes (statements must be prepared by a Certified Public Accountant identified on a cover sheet or letterhead). If an internal financial auditor is employed by the entity, describe the reporting procedure and the audit program used. Note: If the balance sheet submitted does not include the client's trust account(s) information with a line item in cash assets to reflect restricted funds held on behalf of clients and a line item in liabilities to reflect "due clients", those amounts must be reflected in the statement notes.

**MULTI-STATE DEBT COLLECTION ENTITY
MANAGEMENT QUESTIONNAIRE
AND INFORMATION REQUEST**

Entity Name:

NMLS Number:

Review Period:

IR 51	If the entity has had other external audits conducted during the review period (municipal, state, or federal regulatory body, client or other) provide a list and include the contact information for each regulatory body, client or other.
IR 52	Provide the name and address of the entity's current accounting firm. Has the entity changed accounting firms during the review period? If yes, provide details.
IR 53	Provide a copy of the licensee's most recent unclaimed property report(s) by participating state.
IR 54	Provide a listing of all bank accounts utilized by the entity during the review period. Include: <ul style="list-style-type: none"> • Name and address of the depository institution; • Account number; • Type of account; and • Purpose of each account (note state or client specific accounts as such).
IR 55	Provide the corresponding account statements with reconciliations and check registers for each account listed above. The registers and reconciliations must reflect a complete listing of all checks/outstanding checks by account number, dollar amount, date and payee (be sure to include any manually issued checks).
IR 56	Have any of the trust fund accounts been overdrawn, even for one day, during the review period? If yes, provide the date, length, amount, and reason for the overdraft(s).
IR 57	Provide a flow chart detailing the money trail for debtor payments, including identification of the type of payment made (i.e. credit card, cash or check, debit card, phone pay, ACH, wire transfer, etc.), through client remittance. This chart should identify any and all bank accounts by bank name and account number utilized.
IR 58	Provide a list of any clients who comprise a large portion (10% or greater) of the entity's revenue.
IR 59	If the entity is currently delinquent (more than 60 days past due) on any account owed to any

**MULTI-STATE DEBT COLLECTION ENTITY
MANAGEMENT QUESTIONNAIRE
AND INFORMATION REQUEST**

Entity Name:	NMLS Number:
Review Period:	

	creditor or vendor, provide a list of the creditor(s) and/or vendor(s), the amount of the delinquency, and the reason for the delinquency.
IR 60	Provide details if the entity, on its own behalf, or any officer, principal, partner, owner or director, on the entity's behalf, is contingently liable to a bank, finance company, factor or other as an endorser, guarantor, or otherwise.
IR 61	Provide details if any corporate stock or asset of the entity has been pledged to secure the indebtedness of any other entity during the review period.

VIII. Payments/Debtor History

INSTRUCTIONS: Label each document with the number in the left column.

IR 62	Provide a listing of all payments collected, in each examination state, for the review period. This must be in excel format and must include the debtor name, account number, payment date, payment type, payment amount and the applicable state. Also, include a list of transaction codes and explanations.
IR 63	For each of the examination states, provide an initial sample of 10 debtor screens/account histories with collector comments and payment histories for the applicable states' debtors. Provide a description of all comment and payment codes.
IR 64	Provide a copy of a debtor account statement for each of the participating examination states. The account statement would be what your company would send to a consumer at their request for a detailed account history.

IX. Debt Purchasers

INSTRUCTIONS: Label each document with the number in the left column.

IR 65	Provide copies of debt purchasing contracts, for the review period, if applicable. Additionally, provide a description of what supporting documentation is obtained when purchasing accounts.
-------	---

**MULTI-STATE DEBT COLLECTION ENTITY
MANAGEMENT QUESTIONNAIRE
AND INFORMATION REQUEST**

Entity Name:	NMLS Number:
Review Period:	

	<p>If applicable, provide the following contact information of all entities from whom accounts have been purchased during the review period:</p> <ul style="list-style-type: none"> • Name; • Address; • Contact person, including phone and email.
IR 66	<p>If applicable, provide the following information regarding purchased accounts, itemized by participating examination state:</p> <ul style="list-style-type: none"> • Number of accounts purchased; • Dollar amount of accounts purchased; • Purchase price of the accounts.

X. Commercial Collections

INSTRUCTIONS: Label each document with the number in the left column.	
IR 67	<p>If applicable, provide the following information regarding commercial collections, itemized by participating examination state for the the review period:</p> <ul style="list-style-type: none"> • Number of accounts; • Dollar amount of accounts.
IR 68	<p>Provide a spreadsheet listing all payments, broken down by participating examination state, for the review period. This list must be in excel format and must contain the following:</p> <ul style="list-style-type: none"> • Debtor name; • Account number; • Payment date; • Payment type; • Payment amount.

**MULTI-STATE DEBT COLLECTION ENTITY
MANAGEMENT QUESTIONNAIRE
AND INFORMATION REQUEST**

Entity Name:

NMLS Number:

Review Period:

CERTIFICATION

_____, certifies that he/she is
(Name of Authorized Representative)

_____, of _____ and that
(Title of Authorized Representative) (Name of Entity)

the foregoing answers, all information contained in attached supplemental schedules, and all other documentation submitted in response to this questionnaire is true and correct in all respects to the best of his/her knowledge and belief.

Certified this _____ day of _____, 20____

(Signature of Authorized Representative)

**MULTI-STATE DEBT COLLECTION ENTITY
MANAGEMENT QUESTIONNAIRE
AND INFORMATION REQUEST**

Entity Name:

NMLS Number:

Review Period:

SCHEDULE A

List the name, title and responsibilities of all officers, principals, partners, owners, directors and 10% or greater stockholders of the entity.

Name	Title	Percent of Ownership	Area of Responsibility

**MULTI-STATE DEBT COLLECTION ENTITY
MANAGEMENT QUESTIONNAIRE
AND INFORMATION REQUEST**

Entity Name:	NMLS Number:
Review Period:	

SCHEDULE B

Complete this schedule if any officer, principal, partner, owner, director, or employee owns more than 1% of a billing service company, credit clinic, credit reporting company, debt adjustment/management company, debt negotiation/settlement company, or debt purchasing company.

Name of Affiliated Entity	Type of Business	Address	Relationship	Amount of ownership