

COLLECTION AGENCIES

Name of Entity Applying for Licensure: _____

SECTION A. SOCIAL SECURITY NUMBER OF ENTITY APPLYING FOR LICENSURE (Only required if Federal Employer I.D. is a Social Security Number)	Social Security Number (Section A)

SECTION B. DIRECTORS, MANAGING MEMBERS, OWNERS AND PRINCIPAL OFFICERS OF BUSINESS A listing of only officers or only owners is not sufficient. We must have position and/or Percentage ownership, social security number, and date of birth for each name listed. Provide the FEIN for each corporate owner listed. (Attach list, if necessary.)

Name	Position	% of Ownership	Date of Birth	EIN (other entities) **	-- OR --	SSN (Individuals) * (Section B)
Florida Resident Agent (Required of corporations only)						
* SSN - One's personal Social Security Number ** EIN - Employer Identification Number assigned to entities by Internal Revenue						