

# REQUIREMENTS FOR EXEMPT OUT-OF-STATE COLLECTION AGENCY DESIGNATION

Visit our website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

**Read entire requirements sheet. You are responsible for knowing and understanding these requirements. Retain this sheet for future reference.**

## WHO IS EXEMPT?

A collection agency may apply for designation as an exempt out-of-state collection agency; **provided that the collection agency:**

1. Is licensed or registered as a collection agency under the laws of a state that:
  - a) Regulates collection agencies; and
  - b) Does not require a Hawaii collection agency to obtain a license or register to collect debts in that state if the activities of the Hawaii collection agency are limited to those described in paragraphs 2, 3 and 4;
2. Is collecting debts on behalf of an out-of-state creditor;
3. Does not solicit or engage in collection activities for clients in this State; and
4. Only collects debts in this State using interstate communication methods, including telephone, facsimile, or mail.

Contact your state licensing authority regarding requirement 1a and 1b **prior** to submitting an application to avoid delaying the processing of your application. You may also contact us at (808) 586-3000.

## REQUIRED DOCUMENTS

Complete the online fillable application and:

1. **SUBMIT** copy of a current collection agency license, permit, or registration to conduct business as a collection agency in **another state** that regulates collection agencies and reciprocates with Hawaii; and
2. **SUBMIT** an original license verification (see attached CA-18) from the state agency that license collection agencies indicating that the collection agency is in good standing with and has complied with the laws of that state that includes, the name and address of the collection agency, the effective and expiration date of the collection agency license, an indication if any disciplinary action had been taken against that collection agency and a copy of a bond by the state; and
3. By signing and submitting this application, you attest to comply with the requirements of all the laws of the State of Hawaii that regulate collection practices, other than registration and bonding as specified in HRS 443B-5, and including but not limited to the requirements of HRS, Chapter 480D, collection practices.
4. **SUBMIT** a detailed statement or resume **if** you answered "YES" to question #1 on the application form.
5. **SUBMIT** the required fees, \$25 (non-refundable) application fee **made payable to:** Commerce and Consumer Affairs. (check must be in U.S. dollars and be from a U.S. financial institution.) Upon approval of an out-of-state collection agency exemption, the following compliance resolution fund **\*\*\***(CRF) fee will be required;
  - \$74 if applying during July 1 of an odd-numbered year to June 30 of an even-numbered year;
  - OR
  - \$148 if applying for designation during July 1 of an even-numbered year to June 30 of an odd-numbered year.

You may **submit** 2 separate checks, application fee and CRF fee, along with your application.

*NOTE: One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

\*\*\*The Compliance Resolution Fund (CRF) was established by the 1982 Legislature (§26-9(m), Hawaii Revised Statutes) to expedite resolution of consumer complaints filed with the Department of Commerce and Consumer Affairs. Assessment amounts are based on the services rendered complaints. Assessment is due for the issuance of a new license as well as for the renewal of a license.

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**SOCIAL SECURITY NUMBER**

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued you must provide your Social Security Number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

**42 U.S.C.A. §666(a)(13)** requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

**§576D-13(j), HRS** requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

**§436B-10(4), HRS** which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

**RELEASE OF INFORMATION**

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign and date it.

**MAILING ADDRESS**

Mail the completed application, fees and applicable documents to:

Collection Agency Program  
DCCA, PVL Licensing Branch  
P. O. Box 3469  
Honolulu, HI 96801

OR

Deliver to office location at:  
335 Merchant Street, Room 301  
Honolulu, HI 96813  
Phone: (808) 586-3000

**Instructions for "YES" Answers Questions (4) through (5) of the Application for License (CA-13)**

- A. The following documentation must be submitted with the license application. Applications for license will not be considered without this material.
1. Questions 4a and 4b refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If your answer is "yes" to one or more of these questions you must **submit** the following:
    - i. A detailed statement signed by you explaining the circumstances; and
    - ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, and any other relevant documents; proof of payment of any fines and
    - iii. A resume of any employment, business activities, and education since the date of the action.
  2. If your application indicates a criminal conviction, you must **submit** the following:
    - i. A detailed statement signed by you explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, periods of employment, employer's name, description of duties, training attended, and educational courses attended.
    - ii. A copy of the court order, verdict, and terms of sentence; proof of payment of any fines and
    - iii. If applicable, a copy of the terms of probation and/or parole and a statement from your probation or parole officer as to your compliance with the court order;
    - iv. A **current** criminal history record check in your name from the Hawaii Criminal Justice Data Center (HCJDC) dated within six months. Contact them at Ph: (808) 587-3100 or visit their website at: **www.ecrim.hawaii.gov** to request a "Criminal History Record Check".

**NOTE:** If your criminal conviction occurred in a state or states other than Hawaii, a current criminal history record check will be required from each state **AND** Hawaii. Contact the local authority or board in each state for their forms, instructions and fees on obtaining criminal history record checks.

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## **LAWS AND RULES**

To obtain a copy of the collection agencies laws, Chapter 443B, Hawaii Revised Statutes, and rules, Chapter 112, Hawaii Administrative Rules, send a written request to: Commerce and Consumer Affairs, P. O. Box 3469, Honolulu, HI 96801. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the above statutes and rules.

The laws and rules are also posted on our website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl). Click on "Collection Agency".

**It is your responsibility to know and understand the laws and rules governing collection agencies.**

## **BIENNIAL RENEWAL**

Every exempt out-of-state collection agency, regardless of issuance date, is subject to renewal on or before June 30 of each even-numbered year. Failure, neglect, or refusal to pay the renewal fee shall constitute a forfeiture of the registration. If you have not received a renewal application 30 days prior to the expiration date printed on your registration card, call (808) 586-3000 or write to our mailing address.

You will be required to submit an original license verification FROM THE STATE in which you are claiming the exemption verifying the status of your collection agency.

## **DELINQUENT REGISTRATION**

Any collection agency which has failed to renew its registration may restore it by filing an application and payment of any delinquent renewal fees and a restoration fee.

**Failure to restore a forfeited registration within sixty (60) days of forfeiture shall cause the registration to be terminated.**

## **CHANGE OF PRINCIPAL COLLECTOR**

To report changes to the principal collector, submit written notice to our office. Your letter must include the following information:

1. Name of the Principal Collector who will be responsible for the direct management and control of the daily operation of the office;
2. Residence address;
3. Social Security Number; and
4. Phone No.

## **ABANDONED APPLICATIONS**

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

<b>APPLICATION FOR EXEMPT OUT-OF-STATE COLLECTION AGENCY DESIGNATION</b>		APPROVED <input type="checkbox"/>	Date:
<i>Please read the "Requirements for Exempt Out-of-State Collection Agency".</i>		DENIED <input type="checkbox"/>	
Name (Individual - First, Middle, Last) OR (Name of Corporation/Partnership/LLC/LLP):		Date Registered:	Registration No. COLAX -
Trade Name or Business Name (if one will be used):		<b>FOR OFFICIAL USE ONLY</b>	
Out-of-State Business Address (Include suite no., city, state & zip code):			
Mailing Address, <b>ONLY</b> if different from above (Include suite no., city, state & zip code):			
Social Security Number (Individual):	Business Phone No.: (    )		
Provide the Collection Agency License/Registration No.:		<input type="checkbox"/> Individual (Sole Owner) <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> LLP <input type="checkbox"/> Partnership	
<b>PRINCIPAL COLLECTOR</b> (Name of Principal Collector who is responsible for the direct management and control of the daily operation of the office):		Principal Collector Social Security Number:	
Residence Address of Principal Collector:		Phone No. (Include area code): (    )	

The following questions pertain to the applicant and any persons (principal collector(s), all officers, directors, partners, managers or members, etc.), responsible for the exempt out-of-state collection agency. Check your answers. If any response to question 4 through 5 is "YES", refer to the instructions for additional documents that must be submitted with this application and **EXPLAIN ALL** "YES" responses on a separate sheet and include official documentation to substantiate your answer.

1. Have you ever been associated in any capacity in the operation or business of a collection agency? .....  YES  NO  
**If "YES", attach a detailed statement or resume.**
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? .....  YES  NO
3. Do you hold or have you ever held a registration in Hawaii or in another state or jurisdiction? .....  YES  NO  
If "YES", provide state(s): \_\_\_\_\_  
**What state are you basing your exemption on?** \_\_\_\_\_
4. a. Have you ever had any registration, license or permit revoked, suspended or otherwise subject to disciplinary action? .....  YES  NO
- b. Is any disciplinary action pending or any licenses or registration being investigated? .....  YES  NO
5. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? .....  YES  NO
6. Will the agency's business be conducted in connection with any other business? .....  YES  NO  
If "YES", attach a detailed statement.

**(CONTINUED ON PAGE 2)**

Appl ..... 094 .....\$25  
CRF ..... 096 .....\$74/\$148  
Service Charge..... BCF .....\$25

**APPLICATION FOR EXEMPT OUT-OF-STATE COLLECTION AGENCY - (Cont.)**

Print Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

SOLE OWNER, CORPORATION, PARTNERSHIP, LLC, LLP

List Name & Title	Residence Address (Include city, state, zip code)	Residence Phone No.	Social Security No.
Sole Owner/President/Partner/Manager/Member			
Vice President/Partner/Manager/Member			
Secretary/Partner/Manager/Member			
Treasurer/Partner/Manager/Member			

**AFFIDAVIT OF APPLICANT:**

I/We certify that the statements, answers, and representations made in this application and the documents attached are true and correct. I/We, as an individual/an officer/a partner/a manager/a member, have authority to sign this application and to make the statements contained herein. I/We understand that any misrepresentation is grounds for refusal or subsequent revocation of registration and is a misdemeanor (Sections 710-1017, 436B-19 and 443B-4.57, Hawaii Revised Statutes).

By signing and submitting this form, I/We attest to comply with the requirements of all laws of the State of Hawaii that regulate collection practices, other than registration and bonding as specified in HRS 443B-5, and including but not limited to the requirements of Chapter 480D.

I further certify that I have read, understand, and shall obey all laws and rules pertaining to the Collection Agency program.

\_\_\_\_\_  
Signature of Sole Owner, Officer, Partner, Manager, or Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Your Name/Title

\_\_\_\_\_  
Signature of Principal Collector

**Release of Information to Third Party:**

To assist me in the registration process, I authorize DCCA's staff to release any and all information regarding my application (including but not limited to, application status) to the following third party:

Print Name of Individual who is assisting you: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date