

## REQUIREMENTS FOR REGISTRATION - COLLECTION AGENCIES

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

**READ ENTIRE REQUIREMENT SHEET. YOU ARE RESPONSIBLE FOR KNOWING AND UNDERSTANDING THESE REQUIREMENTS. RETAIN THIS SHEET FOR FUTURE REFERENCE.**

To be registered, an agency must:

1. File and maintain a bond with the Director of the Hawaii Department of Commerce & Consumer Affairs ("Director") in the penal sum of \$25,000 for the first office and \$15,000 for each branch office;
2. Pay appropriate fees; and
3. Submit an application for registration including all requested documents.

To be able to conduct collection agency business, an agency must have a registration that is current, active and in good standing, and also:

1. Have and maintain a regular active business office in Hawaii pursuant to Hawaii Administrative Rules ("HAR") §16-112-11; and
2. Designate a principal collector pursuant to HAR §16-112-10 to assume the responsibility for the direct management and control of the daily operation of the office.

**NOTE: If you are an out-of-state collection agency licensed in another state, you may apply as an exempt out-of-state collection agency and conduct business in this State pursuant to Chapter 443B, Hawaii Revised Statutes ("HRS"). Please refer to the application, instructions and requirements for an Exempt-out-of-State Collection Agency Designation and Chapter 443B, HRS at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl). Click on "Collection Agency".**

### APPLICATION

Complete the online fillable application form or print legibly in **black** ink and sign the application.

- **Failure to provide all of the requested information will delay the processing of your application.**

### 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).

### ENTITY REGISTRATION

If the application is for a corporation, partnership, LLC or LLP, we will require the following proof to show that the entity is properly registered with the Business Registration Division ("BREG") of the Hawaii Department of Commerce and Consumer Affairs ("DCCA"). Call (808) 586-2727 or visit their website at: [cca.hawaii.gov/breg](http://cca.hawaii.gov/breg) to order Certificates of Good Standing, forms, etc.

If the entity has been registered in this State for LESS THAN ONE (1) YEAR, **attach** a "filed-stamped" copy of the document filed with BREG; or, the same certificate mentioned below.

If the entity has been registered in this State for MORE THAN ONE (1) YEAR, **attach** a current "Certificate of Good Standing" or "Certificate of Qualification" issued not more than 1 year ago.

### TRADE NAME

If applicant will be using a trade name, **attach a current** "filed-stamped" copy of the "**Application for Registration of Trade Name**" approved by the Business Registration Division. You may contact them at (808) 586-2727.

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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.

**SURETY BOND**

Each collection agency shall file and maintain with the Director a bond in the penal sum of \$25,000 for the first office and \$15,000 for each additional office in this State. **Attach** completed bond form.

All bonds shall be issued by a surety company authorized to do business in the State. Have your insurance company complete the Bond Form CA-02 (Available at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl). Click on "Collection Agency".) for each office. A collection agency is required to have a current bond **IN FORCE AT ALL TIMES** for all offices unless terminated or canceled by the surety. Termination or cancellation shall not be effective, unless notice is delivered by the surety to the Director and the collection agency at least **SIXTY (60) DAYS** prior to the date of termination or cancellation. The bond may not be changed or amended without the prior written consent of the Director.

**FEES** **If registering between July 1, even-numbered year to June 30, odd-numbered year, pay..... \$309**  
(Application-\$25\* + Registration-\$68 + 1/2 Renewal-\$68 + Compliance Resolution Fund-\$148)  
**\*\*If registering between July 1, odd-numbered year to June 30, even-numbered year, pay..... \$167**  
(Application-\$25\* + Registration-\$68 + Compliance Resolution Fund-\$74)

**Branch Office** (same owner but different location and principal collector) Application \$25\* ..... **\$ 25**

\*Application fee is non-refundable.  
\*\*Subject to renewal and renewal fees by June 30, of every even-numbered year.

Make check payable to: **COMMERCE & CONSUMER AFFAIRS**. (check must be in U.S. dollars and be from a U.S. financial institution.)

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

*If for any reason you are denied the registration you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a registration has been denied.*

**Instructions for "YES" Answers to Questions (3) and (4) of the Application for License (CA-01)**

- A. The following documentation must be submitted with the license application. Applications for license will not be considered without this material.
  - 1. Questions 3a and 3b 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 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 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 record check in your name from the Hawaii Criminal Justice Date Center (HCJDC) dated within six months. Contact them at Ph: (808) 587-3100 or visit their website at: [www.ecrim.hawaii.gov](http://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.

<b>MAILING ADDRESS</b>	<p>Mail all required items to:</p> <p>Collection Agencies DCCA, PVL, Licensing Branch                      OR P. O. Box 3469 Honolulu, HI 96801</p>	<p>Deliver to office location at:</p> <p>335 Merchant Street, Room 301 Honolulu, HI 96813</p> <p>Phone: (808) 586-3000</p>
<b>BRANCH OFFICE</b>	<p>To register a branch office, <b>submit</b> a completed application, \$25 non-refundable application fee and a completed Bond Form CA-02 for \$15,000.</p>	
<b>LAWS &amp; RULES PUBLICATION</b>	<p>To obtain a copy of the collection agencies laws, Chapter 443B, HRS and rules, Chapter 112, HAR, send a written request to: Commerce and Consumer Affairs, P. O. Box 3469, Honolulu, Hawaii 96801. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the above statutes and rules.</p> <p>The laws and rules are also posted on our website at: <a href="http://cca.hawaii.gov/pvl">cca.hawaii.gov/pvl</a>. Click on "Collection Agency".</p> <p><b>It is your responsibility to know and understand the laws and rules governing collection agencies.</b></p>	
<b>RELEASE OF INFORMATION</b>	<p>If an agency or individual is assisting you with the registration 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 <u>Release of Information to Third Party</u>, sign and date it.</p>	
<b>NOTIFICATION OF CHANGE</b>	<p>Every collection agency shall notify the Director in writing of any material change at any time during either the application process or the duration of the registration.</p> <p>"Material change" means any change of circumstance including the assigning, selling, leasing, encumbering, or otherwise transferring of the rights, privileges, and obligations of the collection agency, voluntarily or involuntarily, directly or indirectly, including the transfer of 51% of control of the collection agency, whether by change in ownership or otherwise.</p>	
<b>ABANDONMENT OF APPLICATION</b>	<p>Pursuant to HRS §436B-9, your application shall be considered abandoned and will be destroyed, if you fail to complete the license process within one year after filing an application or fail to take and pass the examination after becoming eligible to take the examination.</p> <p>if an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements at the time of the reapplication.</p>	
<b><u>MAINTAINING THE LICENSE</u></b>		
<b>MAINTAIN BOND</b>	<p>Each collection agency shall maintain a bond in full force. Failure, refusal, or neglect of a collection agency to maintain in full force and effect a bond shall cause the automatic suspension of the registration of the collection agency effective as of the date of expiration, termination or cancellation of the bond.</p>	
<b>TERMINATION OF BUSINESS</b>	<p>No less than <u>sixty (60) days</u> before the collection agency terminates its business, the registrant shall submit a notice of "<i>Termination of Business</i>", Form CA-03. Form available at our office or at: <a href="http://cca.hawaii.gov/pvl">cca.hawaii.gov/pvl</a>. Click on "Collection Agency".</p> <p>Within <u>ten (10) days</u> of termination of registrant's business, registrant shall surrender its certificate of registration to the Director.</p>	
<b>BIENNIAL RENEWAL</b>	<p>Every registered collection agency, regardless of issuance date, <b>is subject to renewal on or before June 30 of each even-numbered year</b>. All business entities are required to submit a "Certificate of Good Standing" issued by the Hawaii DCCA Business Registration Division as a renewal requirement. 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.</p>	
<b>DELINQUENT REGISTRATION</b>	<p>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.</p>	

<b>APPLICATION FOR REGISTRATION - COLLECTION AGENCIES</b>		FOR OFFICIAL USE ONLY	APPROVED <input type="checkbox"/>	Date	
Read "Requirements for Registration" before completing this form.			Date Registered	Registration No. <b>COLA-</b>	
<b>NAME</b> (Individual - First, Middle, Last) OR (Name of Corporation/Partnership/LLC/LLP):					
Trade Name (if one will be used):					
<b>Hawaii</b> Business Address (Include suite no., city, state & zip code):	Social Security No. (Individual):				
	Date of Birth (Individual):				
Email Address:	Phone Number (Hawaii):				
<b>INDIVIDUAL APPLICANT:</b> Residence Address of Applicant who is applying as an <u>Individual (Sole Owner)</u> :					
Phone Number (Residence)					
<b>PRINCIPAL COLLECTOR:</b> Name of Principal Collector who is responsible for the direct management and control of the daily operation of the office:					
Social Security No.:	Phone Number (Residence)				
Residence Address of Principal Collector ( <b>must be a Hawaii residence address</b> ):					
Check type of APPLICATION being made:  <input type="checkbox"/> NEW REGISTRATION <input type="checkbox"/> BRANCH OFFICE: Same owner but different location & principal HAWAII COLA No. _____		Indicate the type of Business Entity:  <input type="checkbox"/> Individual (Sole Owner) <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> LLP <input type="checkbox"/> Partnership			

<b>FOR BRANCH OFFICE LOCATIONS (In Hawaii)</b> <b>Hawaii</b> Business Address (Include suite no., city, state & zip code):	Social Security No.:	Phone No. (Residence): (    )
Name of Branch Office's Principal Collector:	Residence Address of Principal Collector ( <b>must be a Hawaii residence address</b> ):	

The following questions pertain to the applicant and any persons (principal collector(s), all officers, partners, managers, members, etc.) responsible for the collection agency. Check your answers. If any response to Nos. 3 and 4 are "YES", refer to the instructions for additional documents that must be submitted with this application.

1. Has the applicant, any officers of the corporation, partners, managers or members 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. a) Has the applicant, any officers of the corporation, partners, managers or members ever had any registration, license or permits revoked, suspended or otherwise subject to disciplinary action? .....  YES  NO  
b) Is any disciplinary action pending or any licenses or registrations being investigated? .....  YES  NO
4. Has the applicant, any officers of the corporation, partners, managers or members ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? .....  YES  NO
5. Will the agency's business be conducted in connection with any other business? .....  YES  NO  
If "YES", attach a detailed statement.

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COLLECTION AGENCY APPLICATION

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

CORPORATION, PARTNERSHIP, LLC or LLP

List Name & Title	Residence Address <i>(Include apt. no., city, state &amp; zip code)</i>	Residence Phone No.	Social Security No.
President, Partner, Manager or Member			
Vice-President, Partner, Manager or Member			
Secretary, Partner, Manager or Member			
Treasurer, Partner, Manager or Member			

**AFFIDAVIT OF APPLICANT:**

I certify that the statements, answers and representations made in this application and the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of registration and is a misdemeanor (Sections 710-1017, 436B-19 and 443B, Hawaii Revised Statutes).

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 and Title

\_\_\_\_\_  
Signature of Principle Collector

\_\_\_\_\_  
Date

**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 Sole Owner, Officer, Partner, Manager or Member

\_\_\_\_\_  
Date