



Application for Class "R" License (Repossession Agency)

APPLICATION INSTRUCTIONS

- The Application for Class "R" License (Repossession Agency) form, or photocopies of this form, must be used.
- A non-refundable application fee must accompany this application.
 Fee Schedule:

\$900.00	Initial Application	Submit application and fees to:
\$900.00	Reinstate Revoked license	Illinois Commerce Commission
\$900.00	Renewal Application	ATTN: Processing and Information
\$200.00	Reinstate Suspended License	527 East Capitol Avenue
\$900.00	Resume Active Status	Springfield, IL. 62701
\$1,100.00	Restore Expired License	
\$32.80	Fingerprinting	
- All parts of this application must be completed fully and truthfully. Failure to complete any portion in full will result in the rejection of your application. If any space on the forms is insufficient, write "see attached sheet" in the space and attach a plain, white 8 1/2 x 11" sheet that identifies the question and contains the portion of your answer that would not fit on the form. It is also permissible to use an additional copy of the page as indicated. Any omission, incomplete answer or untruthful answer may result in the denial of the application.
- Applicants have 90 days from the date of application to complete the application process. If the application is not completed within 90 days, then the application will be dismissed and any fee paid will be forfeited. Any fee paid with respect to the application will also be forfeited if the application is denied. If the Applicant chooses to reapply in the future, the Applicant will be required to file a new application and pay the required fee.
- Indicate if the application is an initial, renewal, restoration of expired license, application to resume active status or a reinstatement of a suspended or revoked license.
- Identify the type of business entity. Check only one Box.

Corporation:	If the Corporation is less than 1 year old, submit a copy of the Articles of Incorporation; if the Corporation is more than 1 year old, submit a Certificate of Good Standing from the Illinois Secretary of State. If the Corporation is not incorporated in Illinois, provide its authorization to do business in Illinois as a Foreign Corporation as recorded by the Illinois Secretary of State.
LLC:	If the Limited Liability Company ("LLC") is less than 1 year old, submit a copy of the Articles of Organization; if the LLC is more than 1 year old, submit a Certificate of Good Standing from the Illinois Secretary of State. If the LLC is not organized in Illinois, provide its authorization to do business in Illinois as a Foreign LLC as recorded by the Illinois Secretary of State.
General Partnership:	Submit a copy of the written agreement creating the partnership.
Limited Partnership:	If the Limited Partnership ("LP") is less than 1 year old, submit a copy of the Certificate of Limited Partnership; if the LP is more than 1 year old, submit a Certificate of Existence from the Illinois Secretary of State. If the LP is not organized in Illinois, provide its authorization to do business in Illinois as a Foreign LP as recorded by the Illinois Secretary of State.
Limited Liability Limited Partnership:	If the Limited Liability Limited Partnership ("LLLP") is less than 1 year old, submit a copy of the Certificate of Limited Partnership; if the LLLP is more than 1 year old, submit a Certificate of Existence from the Illinois Secretary of State. If the LLLP is not organized in Illinois, provide its authorization to do business in Illinois as a Foreign LLLP as recorded by the Illinois Secretary of State.
Limited Liability Partnership:	If the Limited Liability Partnership ("LLP") is less than 1 year old, submit a copy of the Statement of Qualification; if the LLP is more than 1 year old, submit a Certificate of Existence from the Illinois Secretary of State. If the LLP is not organized in Illinois, provide its authorization to do business in Illinois as a Foreign LLP as recorded by the Illinois Secretary of State.

- For Corporations, LLCs, LPs, LLPs and LLLPs, the legal name must be entered exactly as it is registered with the Illinois Secretary of State. For general partnerships, the legal name must be entered exactly as it appears on the written partnership agreement.
- For sole proprietor or general partnership, the trade name, if any, must be entered exactly as it is registered with the County Clerk's office responsible for regulating trade or business names in your locality. A certificate of publication under the Assumed Business Name Act must be submitted with the application and may be obtained from the County Clerk in the county in which the business is conducted. For Corporations, LLCs, LPs and LLLPs the trade name, if any, must be entered exactly as it is registered with the Illinois Secretary of State.
- Any business entity other than a sole proprietorship requires an attorney to represent it at a hearing before the Commission, if one will be required.
- Business address is the actual physical location of the repossession agency's main office.** An address other than the repossession agency's main office address will not be accepted for the business address field. Do not use a P.O. Box number. If the Applicant wishes to receive mail at an address other than that of the main office location, a mailing address must be provided. All formal and informal correspondence shall be sent to the listed mailing address, including service of process. If no mailing address is listed, all correspondence will be sent to the business address.



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PART 2. BUSINESS OWNERSHIP INFORMATION

11. Complete Part 2A based upon business type of the Applicant. Identify the sole proprietor, each partner, each corporate officer or each member of the Applicant. Individuals listed in this section will be required to complete a Fingerprinting Form, Authorization to Conduct a Criminal Background Check and Obtain Information and submit a copy of a government issued photo identification card (drivers license, state ID, passport).
12. If the ownership interest of the Applicant is held by another business entity provide the full legal name of the entity. If the business entity is a partnership or limited liability company, also list each partner or each member of that business entity. Individuals listed in this section will be required to complete a Fingerprinting Form, Authorization to Conduct a Criminal Background Check and Obtain Information and submit a copy of a government issued photo identification card (drivers license, state ID, passport).
13. Part 2B is not required for sole proprietorships. All other business types must list each partner, each corporate shareholder or each member of the Applicant.
14. Answer in Part 2C whether any individuals listed in Part 2A have been convicted of any crime other than a minor traffic violation. If the answer to this question is "yes", complete the remainder of the section. List all convictions regardless of date or age at the time of the offense. A separate block must be completed for each offense. Use additional pages of this form as necessary.
15. Answer in Part 2D whether there are any criminal charges currently pending against any individuals listed in Part 2A. If the answer to this question is "yes", complete the remainder of the section. Complete a separate block for each offense. Exclude pending court proceedings for minor traffic violations. Use additional pages of this form as necessary.
16. Check the appropriate box in Part 2E concerning whether the Applicant or any individuals listed in Part 2A have had a civil judgment entered against them in the preceding 5 years by any legal forum other than the Commission arising from conduct while performing repossessions. If the answer to this question is "yes", complete the remainder of the section. A separate block must be completed for each judgment. Use additional pages of this form as necessary.

PART 3. APPLICANT'S FACILITIES

17. Each proposed location utilized by the applicant must be listed in Part 3B. Evidence of proof of ownership or an exclusive 1 year lease must be attached for the main office location. If the property is owned, proof of ownership of the property includes but is not limited to mortgage documents, tax bill or a deed. If the property is leased, a copy of a valid written lease with a term of at least 1 year is required. Each branch office must also be individually licensed with the Commission by filing an Application for Class "RR" License (Repossession Agency Branch Office). Each remote storage location must also be registered with the Commission by filing an Application for Repossession Agency Remote Storage Location Registration.

PART 4. DISCLOSURES

18. Mark the appropriate box and, where appropriate, attach any required documentation.

PART 5. RECOVERY MANAGER STATEMENT

19. The Applicant must identify the proposed licensed recovery manager to be in control and management of the Applicant's main office in Part 6.

PART 6. VERIFICATION

20. The application must be signed by sole proprietor, each partner, each member or each corporate officer.
21. If the person verifying the statement has not previously been identified in the application, proof of the individual's authority to sign on behalf of the Applicant must be submitted at the time of filing.

REQUIRED SUPPORTING DOCUMENTATION

22. Use this checklist to ensure that all of the required supporting documents are submitted to the Commission.

- Necessary supporting documents as required by Part 1 instructions
- Government issued photo identification for all individuals listed in Part 2A
- Fingerprinting Forms for all individuals listed in Part 2A
- Evidence of ownership or exclusive 1 year lease for the main office location listed in Part 3B
- Attachments in response to Part 4. Disclosures, if applicable
- Authorization to Conduct a Criminal Background Check and Obtain Information for all individuals listed in Part 2A



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_____ R
(for ILCC use only)

Type of Application (check one):	<input type="checkbox"/> Initial Application	<input type="checkbox"/> Renewal- Current License expires ___ / ___ /20___
<input type="checkbox"/> Reinstate Revoked License	<input type="checkbox"/> Reinstate Suspended License	<input type="checkbox"/> Resume Active Status <input type="checkbox"/> Restore Expired License

PART 1. IDENTITY OF APPLICANT

Business Type (check one):			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC
State of Incorporation:		State of Organization:	
Full Legal Name:		FEIN/SSN:	
Trade Name:		Phone Number:	
Business Address:		Fax Number:	
City:		State:	Zip Code:
Mailing Address: (if different than Business Address)		Email:	
City:		State:	Zip Code:

PART 2A. BUSINESS OWNERSHIP INFORMATION

INSTRUCTIONS			
Complete the requested information below for the sole proprietor, each partner, each corporate officer or each member. Use additional copies of this page as needed.			
Full Legal Name:		Title:	
Has the individual ever used an alias? If yes, please list below <input type="checkbox"/> NO <input type="checkbox"/> YES		Phone Number:	
Home Address:	City:	State:	Zip:
Full Legal Name:		Title:	
Has the individual ever used an alias? If yes, please list below <input type="checkbox"/> NO <input type="checkbox"/> YES		Phone Number:	
Home Address:	City:	State:	Zip:
Full Legal Name:		Title:	
Has the individual ever used an alias? If yes, please list below <input type="checkbox"/> NO <input type="checkbox"/> YES		Phone Number:	
Home Address:	City:	State:	Zip:



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PART 2A. BUSINESS OWNERSHIP INFORMATION, continued

Full Legal Name:		Title:	
Has the individual ever used an alias? If yes, please list below <input type="checkbox"/> NO <input type="checkbox"/> YES		Phone Number:	
Home Address:	City:	State:	Zip:

Full Legal Name:		Title:	
Has the individual ever used an alias? If yes, please list below <input type="checkbox"/> NO <input type="checkbox"/> YES		Phone Number:	
Home Address:	City:	State:	Zip:

Full Legal Name:		Title:	
Has the individual ever used an alias? If yes, please list below <input type="checkbox"/> NO <input type="checkbox"/> YES		Phone Number:	
Home Address:	City:	State:	Zip:

Full Legal Name:		Title:	
Has the individual ever used an alias? If yes, please list below <input type="checkbox"/> NO <input type="checkbox"/> YES		Phone Number:	
Home Address:	City:	State:	Zip:

PART 2B. BUSINESS OWNERSHIP INFORMATION, continued

List each partner, each corporate shareholder or each member and the percentage of ownership held in the business.	
Name	Percentage of Ownership



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2C. BUSINESS OWNERSHIP INFORMATION, continued

<p>Have any of the individuals listed in Part 2A been convicted of any crime that is not a minor traffic violation? <input type="checkbox"/> NO <input type="checkbox"/> YES If "yes," the remainder of this Part must be completed.</p>		
INSTRUCTIONS		
<p>List below those criminal offenses for which those listed in Part 2A have been convicted. List all convictions regardless of date or age at the time of the offense. <u>Complete a separate block for each offense.</u> Exclude convictions for minor traffic violations. Use additional pages of this form as necessary. Any omission, incomplete answer or untruthful answer may result in the denial of the application.</p>		
Offense Description:		
Arresting Agency:		
Approximate Date of Arrest:	Age at Time of Arrest:	Age at Time of This Application:
Sentencing Court:		
Sentence or Penalty Imposed:	Did You Plead Guilty? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Are you currently under any supervision by a court or department of corrections for this offense? <input type="checkbox"/> NO <input type="checkbox"/> YES If "yes," identify the supervising agency:		
Offense Description:		
Arresting Agency:		
Approximate Date of Arrest:	Age at Time of Arrest:	Age at Time of This Application:
Sentencing Court:		
Sentence or Penalty Imposed:	Did You Plead Guilty? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Are you currently under any supervision by a court or department of corrections for this offense? <input type="checkbox"/> NO <input type="checkbox"/> YES If "yes," identify the supervising agency:		
Offense Description:		
Arresting Agency:		
Approximate Date of Arrest:	Age at Time of Arrest:	Age at Time of This Application:
Sentencing Court:		
Sentence or Penalty Imposed:	Did You Plead Guilty? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Are you currently under any supervision by a court or department of corrections for this offense? <input type="checkbox"/> NO <input type="checkbox"/> YES If "yes," identify the supervising agency:		



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PART 2D. BUSINESS OWNERSHIP INFORMATION, continued

Do any of the individuals listed in Part 2A have pending criminal proceedings involving any crime that is not a minor traffic violation? <input type="checkbox"/> NO <input type="checkbox"/> YES If "yes," the remainder of this Part must be completed.		
INSTRUCTIONS		
List below those criminal proceedings pending before a court in which any of the individuals listed in Part 2A are named as a defendant but that have not culminated in an entry of sentence, a guilty or not guilty judgment, a dismissal, or an order striking the criminal charges as of the date of this application. <u>Complete a separate block for each offense.</u> Exclude pending court proceedings for minor traffic violations. Use additional pages of this form as necessary. Any omission, incomplete answer or truthful answer may result in the denial of the application.		
Offense Description:		
Arresting Agency:		
Approximate Date of Arrest:	Age at Time of Arrest:	Age at Time of This Application:
Name of Court where case is pending:		Case Docket No.:
Offense Description:		
Arresting Agency:		
Approximate Date of Arrest:	Age at Time of Arrest:	Age at Time of This Application:
Name of Court where case is pending:		Case Docket No.:

PART 2E. BUSINESS OWNERSHIP INFORMATION, continued

Have any civil judgments been entered against the Applicant or any individual listed in Part 2A in the preceding 5 years by any legal forum other than the Commission arising from conduct while performing repossessions? If "yes," the remainder of this Part must be completed. <input type="checkbox"/> NO <input type="checkbox"/> YES		
INSTRUCTIONS		
List below civil judgments entered against any individual listed in Part 2A. <u>Complete a block for each judgment.</u> Use additional pages of this form as necessary.		
Case Name:	Full legal name of person or entity against whom judgment was entered:	
Description of judgment entered:		
Name of Court or other legal forum where judgment was entered:	Date judgment was entered:	Case Docket No.:
Case Name:	Full legal name of person or entity against whom judgment was entered:	
Description of judgment entered:		
Name of Court or other legal forum where judgment was entered:	Date judgment was entered:	Case Docket No.:
Case Name:	Full legal name of person or entity against whom judgment was entered:	
Description of judgment entered:		
Name of Court or other legal forum where judgment was entered:	Date judgment was entered:	Case Docket No.:



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PART 3. APPLICANT'S FACILITIES

INSTRUCTIONS

Identify by physical address all proposed locations to be used by the Transferee in operating any aspect of its repossession operations. Use additional copies of this page as necessary. Attach evidence of proof of ownership or an exclusive 1 year lease for the main office location. If the property is owned, proof of ownership of the property includes but is not limited to mortgage documents, tax bill or a deed. If the property is leased, submit a copy of a valid written lease with a term of at least 1 year. Each branch office must also be individually licensed with the Commission by filing an Application for Class "RR" License (Repossession Agency Branch Office). Each remote storage location must also be registered with the Commission by filing an Application for Repossession Agency Remote Storage Location Registration.

MAIN OFFICE

Address:	City:	State:	Zip:	<input type="checkbox"/> Owned <input type="checkbox"/> Leased
Hours of Operation:				

BRANCH OFFICE AND REMOTE STORAGE LOCATIONS

Address:	City:	State:	Zip:	<input type="checkbox"/> Branch Office <input type="checkbox"/> Remote Storage
Address:	City:	State:	Zip:	<input type="checkbox"/> Branch Office <input type="checkbox"/> Remote Storage
Address:	City:	State:	Zip:	<input type="checkbox"/> Branch Office <input type="checkbox"/> Remote Storage

PART 4. DISCLOSURES

INSTRUCTIONS

Mark "YES" or "NO" for each question below. If "YES" was marked for questions 1 through 9, provide a detailed explanation on a separate plain, white 8 1/2 x 11" sheet that identifies the question and provides the detailed explanation.

- | | | |
|--------------------------|--------------------------|--|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has the Applicant ever knowingly made any misrepresentation for the purpose of obtaining a license or recovery permit? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Has the Applicant ever been found to have obtained a license or recovery permit through fraudulent means? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Has the Applicant ever violated the Collateral Recovery Act, 225 ILCS 422/1 <i>et seq.</i> , or its Administrative Rules, 92 Ill. Adm. Code 1480.10 <i>et seq.</i> ? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Has the Applicant aided or abetted another in violating any provision of the Collateral Recovery Act, 225 ILCS 422/1 <i>et seq.</i> , or its Administrative Rules, 92 Ill. Adm. Code 1480.10 <i>et seq.</i> ? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Has the Applicant ever solicited professional services by using false or misleading advertising? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Has the Applicant ever practiced or attempted to practice under a name other than the full name shown on the license or recovery permit or any other legally authorized name? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Has the Applicant violated any court order from any State or public agency engaged in the enforcement of payment of child support arrearages or for noncompliance with certain processes relating to paternity or support proceeding? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Does the Applicant currently have any pending tax disputes filed with the Illinois Department of Revenue? If "YES", please explain on an attached sheet of paper, indicating the docket number of a pending tax dispute with the Illinois Department of Revenue. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Does the Applicant currently owe any tax, penalty, or interest shown in a filed return, or any final assessment of tax, penalty, or interest as required by any tax act administered by the Illinois Department of Revenue?
If you answered "YES" to this question: (1) describe the nature of the fees, fines, or taxes owed on a separate page; (2) attach a copy of an agreement to pay the delinquent monies entered into between the Applicant and the governmental entity; and (3) attach a certification from the governmental entity that the agreement is not in default. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Has Applicant obtained a copy of the Collateral Recovery Act, 225 ILCS 422/1 <i>et seq.</i> , and the Administrative Rules regulating collateral recovery, 92 Ill. Adm. Code 1480.10 <i>et seq.</i> ? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Does Applicant agree to comply with all the requirements contained in the Collateral Recovery Act, 225 ILCS 422/1 <i>et seq.</i> , and the Administrative Rules regulating collateral recovery, 92 Ill. Adm. Code 1480.10 <i>et seq.</i> ? |



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PART 5. RECOVERY MANAGER STATEMENT

INSTRUCTIONS

Mark the appropriate box below and, where applicable, list the name and permit number of the licensed recovery manager for the main office location. If the licensed recovery manager is not a sole proprietor, partner, authorized corporate officer or member, he or she must sign the sworn statement below.

Sole

Proprietorship:

- Applicant is a sole proprietorship and, as owner, I declare that I will be the recovery manager personally in control or management of the repossession agency.
- Applicant is a sole proprietorship and, as owner, I declare that I will not be the recovery manager of the repossession agency. The following individual will serve as the licensed recovery manager for the main office location. The licensed recovery manager must sign the sworn statement below.

Print Full Legal Name:	MR License Number:
I _____ declare, under oath and under perjury, that I will be the recovery manager personally in control or management of the repossession agency's main office.	
Signature:	Date:

Partnership:

- Applicant is a partnership and all partners declare that the following individual will serve as the licensed recovery manager in control or management of the main office location. If the recovery manager is not a partner, he or she must sign the sworn statement below.

Print Full Legal Name:	MR License Number:
I _____ declare, under oath and under perjury, that I will be the recovery manager personally in control or management of the repossession agency's main office.	
Signature:	Date:

Corporation:

- Applicant is a corporation and an authorized corporate officer declares that the following individual will serve as the licensed recovery manager in control or management of the main office location. If the recovery manager is not an officer of the corporation, he or she must sign the sworn statement below.

Print Full Legal Name:	MR License Number:
I _____ declare, under oath and under perjury, that I will be the recovery manager personally in control or management of the repossession agency's main office.	
Signature:	Date:

Limited Liability Company

- Applicant is a limited liability company and all members declare that the following individual will serve as the licensed recovery manager in control or management of the main office location. If the recovery manager is not a member, he or she must sign the statement below.

Print Full Legal Name:	MR License Number:
I _____ declare, under oath and under perjury, that I will be the recovery manager personally in control or management of the repossession agency's main office.	
Signature:	Date:



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Illinois Commerce Commission
Fingerprinting Form

Please provide the following information (please print clearly).

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____ / ____ / ____ Sex: _____ Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Social Security Number: _____

Place of Birth (State or Country if outside U.S.A.): _____



To be completed by the Illinois Commerce Commission:

ORI _____

ILCC Permit/License # _____

- This form must be completed and filed with the application at the Illinois Commerce Commission along with a fee of \$32.80.
- The form will be returned to you with an ORI and ILCC permit or license number.
- Bring the form and a valid, government issued picture ID (such as a drivers license, state ID or passport) to the closest fingerprinting facility.
- Check the website, www.biometricimpressions.com for the closest fingerprinting location. No appointments are necessary. For more information, contact: BioMetric Impressions Corp., 188 W. Industrial Dr., Suite 214B, Elmhurst, IL 60126, phone (630)532-5922.
- Upon completion of the fingerprinting service you will be given a computer-generated receipt.
- Your results will be sent directly from the Illinois State Police and FBI to the Illinois Commerce Commission Police Department.

(DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY)

F.P. Technician _____

Date Printed _____

TCN # _____



Application for Class "R" License (Repossession Agency)

**AUTHORIZATION TO
CONDUCT A CRIMINAL BACKGROUND CHECK
AND OBTAIN INFORMATION**

Full Legal Name:

I, _____, authorize the Illinois Commerce Commission to conduct a criminal history records check and obtain information concerning any criminal charges and their dispositions relative to my fitness under the Collateral Recovery Act, 225 ILCS 422/1 *et seq.*

Signature: _____

Date: _____