



APPLICATION FOR A CERTIFICATE OF COMPLIANCE FROM THE  
COMMERCIAL LAW LEAGUE OF AMERICA

I. GENERAL INFORMATION ABOUT THE APPLICANT:

A. APPLICANT:

Applicant Full Legal Name \_\_\_\_\_  
Applicant DBA Name (if applicable) \_\_\_\_\_  
Principal Office Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Website Address \_\_\_\_\_

Other Office Location(s):

Other Office Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Other Office Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_

B. TYPE OF BUSINESS:

1. Corporation ☐ Limited Liability Company ☐ General/Limited Partnership ☐  
Sole Proprietor ☐ Limited Liability Partnership ☐ Other ☐ \_\_\_\_\_  
(Type)

2. Privately-held ☐ Publicly traded ☐ Stock Symbol \_\_\_\_\_

3. Date of Incorporation/Formation \_\_\_\_\_

4. State of Incorporation/Formation \_\_\_\_\_

5. Taxpayer Identification Number \_\_\_\_\_

6. Does Applicant operate under any parent, subsidiary, or affiliate names when communicating with consumers or in legal actions involving consumers? Yes ☐ No ☐ If yes, please list subsidiary or affiliate names and their IRS Taxpayer ID # (if different):

Name \_\_\_\_\_ TIN \_\_\_\_\_  
Name \_\_\_\_\_ TIN \_\_\_\_\_

7. Has the applicant undergone any name changes, of either its corporate name and/or DBA name, in its history? Yes No If yes, please provide the previous company name, date of name change, if the change was to the corporate and/or DBA name, and the reason for the name change.

\_\_\_\_\_  
\_\_\_\_\_

8. Please fill in the applicable commencement date for all states/jurisdictions where Applicant is actively incorporated, registered, licensed, and/or authorized to conduct business.

State	Commencement Date	State	Commencement Date
Alaska		Nebraska	
Arizona		Nevada	
Arkansas		New Hampshire	
California		New Jersey	
Colorado		New Mexico	
Connecticut		New York	
Delaware		New York (City of Buffalo)	
District of Columbia		New York (City of New York)	
Florida		North Carolina	
Georgia		North Dakota	
Hawaii		Ohio	
Idaho		Oklahoma	
Illinois		Oregon	
Illinois (City of Chicago)		Pennsylvania	
Indiana		Puerto Rico	
Iowa		Rhode Island	
Kansas		South Carolina	
Kentucky		South Dakota	
Louisiana		Tennessee	
Maine		Texas	
Maryland		Utah	
Massachusetts		Vermont	
Michigan		Virginia	
Minnesota		Washington	
Mississippi		West Virginia	
Missouri		Wisconsin	
Montana		Wyoming	

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9. Attach a list of any states/jurisdictions where the Applicant's incorporation, license, registered, or authority to conduct business has been suspended, revoked, or was denied, including any cease and desist orders. Include the state/jurisdictional license and/or registration numbers and provide an explanation and relevant dates. **If not applicable, enter N/A here:** \_\_\_\_\_

### C. BUSINESS OPERATIONS:

1. Is the Applicant's business engaged in the collection of commercial claims? Yes ☐ No ☐
2. Percentage of Applicant's revenue derived from the collection of commercial claims \_\_\_\_ %
3. Percentage of Applicant's revenue derived from the collection of consumer/retail claims \_\_\_\_ %

4. Does the Applicant purchase or sell or have affiliations with an entity that purchases or sells?  
☐ No ☐ Yes If Yes, please indicate: ☐ Commercial claims ☐ Consumer/Retail claims

5. List any services, other than collection of debts, provided by Applicant:

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6. Current total number of full-time employees \_\_\_\_ Current number of full-time collectors \_\_\_\_

7. Current total number of part-time employees \_\_\_\_ Current number of part-time collectors \_\_\_\_

8. Indicate if the following policy and procedures are documented:

Policy and Procedures	Yes, No, N/A
Account Assignment to Collection Staff	
Business Continuity/Disaster Recovery	
Client Communications/Reporting	
Collector Call Monitoring	
Communications - Written and Verbal	
Complaint Handling, Tracking, and Resolution	
Compliance/Quality Assurance	
Data and Physical Security	
Data Backup	
Dispute/Debt Validation	
Document Destruction	
Employee Training and Development	
Errors and Omissions Insurance	
Legal Forwarding	
Licensing and Bonding	
Litigation and Regulatory Matters	
New Account Processing	
Payment Processing	
Privacy Policy	
Record Retention	
Remittance Processing	
Trust Account Processing	
Vendor Management	

9. From the list above, please attach the following policy and procedures with this completed application:

- |                                                 |          |
|-------------------------------------------------|----------|
| a. Account Assignment to Collection Staff       | Attached |
| b. Complaint Handling, Tracking, and Resolution | Attached |
| c. Payment Processing                           | Attached |
| d. Remittance Processing                        | Attached |

10. Have any complaints (other than a lawsuit) against the Applicant been filed/made, either directly to the Applicant or with a government or regulatory agency or association within the last 5 years concerning the Applicant's collection practices, including but not limited to remittance of funds, FDCPA violation, FCRA violation or unethical or improper collection tactics? Yes ☐ No ☐. If yes, complete the table below or attach the information requested below in the same format.

Complainant Name (Consumer Name or Business Name)	Complaint Made Date	Complaint Basis Summary	Complaint Disposition	Date Resolved (if applicable)

This table may be copied to provide information for additional complaints.

11. Has the Applicant been named as a defendant in any lawsuit, including federal, state, and local cases, within the last 5 years concerning the Applicant's collection practices, including but not limited to remittance of funds, FDCPA violation, FCRA violation, TCPA violation or unethical or improper collection tactics? Yes ☐ No ☐. If yes, complete the table below or attach the information requested below in the same format.

Plaintiff Name	Class Action Suit (Yes or No)	Court in which Suit was Filed	Allegations in Suit (Cause(s) of Action)	Status/Disposition of Suit	Date of Resolution (if applicable)

This table may be copied or you may use a separate sheet of paper to provide information for additional lawsuit.

12. Does the Applicant currently have a surety bond or similar bond for the use and benefit of its clients for any losses or damages sustained due to Applicant's misappropriation of clients' funds, violations of any state or federal law, rule or regulation or any act of fraud, misrepresentation or the like which would result in liability to Applicant's clients? Yes ☐ No ☐ If yes: \_\_\_\_\_

a. What is the amount of Applicant's current bond(s): Total coverage \$\_\_\_\_\_ Additional Bond – Total coverage \$\_\_\_\_\_

b. Have any of Applicant's clients made a claim against any bond covering the acts of Applicant or its officers, directors, managers, employees or agents? Yes ☐ No ☐ N/A ☐  
If yes, attach a document that includes the date and a description of the circumstances and disposition of such claim(s) against the bond.

c. The applicant must provide proof of a bond in one of the following three amounts. The amount of the bond is based on the applicant's gross contingency fees for the previous twelve fiscal months prior to the application date:

Gross Contingency Fees:

Required bond amount:

- a. \$0 - \$1,000,000                      \$150,000 bond
- b. \$1 million - \$5 million              \$300,000 bond
- c. Over \$5 million                        \$500,000 bond

d. An attestation from the agency's CFO or equivalent that funds in the trust bank account(s) are equal to or in excess of the trust liability at the end of each quarter in the past year.

(i) Name of the person that has verified the average month end trust account balance over the preceding one (1) year period prior to Application.

\_\_\_\_\_

(ii) Name of the licensed surety company and its contact person providing the surety bond.

\_\_\_\_\_

e. Is a copy of the Applicant's required surety bond attached to this Application? Yes ☐ No ☐

#### D. BUSINESS CONTACTS:

Provide the name, title, and tenure of the contact person(s) at the agency responsible for each of the following functions:

Function	Contact Name	Title	Tenure Overseeing Function
Account Assignment to Collection Staff			
Business Continuity/Disaster Recovery			
Client Communications/Reporting			
Complaint Handling, Tracking, and Resolution			
Compliance/Quality Assurance			
Data and Physical Security			
Employee Training and Development			
Errors and Omissions Insurance			
Legal Forwarding			
Licensing and Bonding			
Litigation and Regulatory Matters			
Payment Processing			
Remittance Processing			
Trust Account Processing			
Vendor Management			

#### E. BANKING INFORMATION:

Provide the following information for all accounts held by Applicant:

Primary Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Officer assigned to Applicant's account(s) \_\_\_\_\_

Bank Officer's telephone number: \_\_\_\_\_

Provide the following for all that are applicable:

Operating Acct. No.: \_\_\_\_\_  
 General Trust Acct. No.: \_\_\_\_\_  
 Payroll Acct. No.: \_\_\_\_\_  
 Tax Acct. No.: \_\_\_\_\_  
 Other Acct. No.: \_\_\_\_\_

Secondary Bank Name: \_\_\_\_\_  
 Bank Address: \_\_\_\_\_  
 \_\_\_\_\_

Bank Officer assigned to Applicant's account(s): \_\_\_\_\_

Bank Officer's telephone number: \_\_\_\_\_

Provide the following for all that are applicable:

Operating Acct. No.: \_\_\_\_\_

General Trust Acct. No.: \_\_\_\_\_

Payroll Acct. No.: \_\_\_\_\_

Tax Acct. No.: \_\_\_\_\_

Other Acct. No.: \_\_\_\_\_

These pages may be copied to provide information for additional banking relationships.

#### F. OWNERS AND OFFICERS:

- For each individual who is or was a shareholder/member/partner/general partner/owner of the Applicant at any time during the last 5 years, provide the following:

	Owner 1	Owner 2	Owner 3	Owner 4	Owner 5
Name					
Position/Title					
Tenure in Position (in Years and Months)					
Email Address					
Home Address - Number and Street					
Home Address - City, State, Zip Code					
Home Telephone No.					
Cellular Telephone No.					
Social Security No.					
Date of Birth					
Current Ownership %					
Current Ownership % Held (in Years and Months)					

This table may be copied to provide information for additional ownership information.

- If any of the above individual's ownership percentage or position/title has been different from above, please provide the following:

Name	Ownership %	From Date	To Date	Position/Title	From Date	To Date

This table may be copied to provide information for additional changes.

3. If any individuals with an ownership percentage in the Applicant were formerly an owner, officer, manager, member, shareholder or director of another collection agency or collection law firm, provide the following:

Name	Former Agency/Law Firm Name	Position Held	From Date	To Date

This table may be copied to provide information on prior agency/law firm experience of individuals with an ownership percentage of the Applicant.

4. Has any shareholder, member, partner, general partner, owner, officer, manager, director, or key employee of the Applicant:

- a. Been convicted or entered a plea of guilty or *nolo contendere* with respect to any violation of a law or regulation relating to debt collection? Yes ☐ No ☐. If yes, provide an attachment with the name of the person, a brief summary of the charges, and the disposition of the case(s).
- b. Been convicted of any criminal offense involving fraud or theft? Yes ☐ No ☐. If yes, provide an attachment with the name of the person, a brief summary of the charges, the disposition of the cases(s).
- c. Been found liable in any civil action for fraud, misrepresentation, civil theft, breach of a fiduciary duty, embezzlement, conversion or larceny? Yes ☐ No ☐. If yes, provide an attachment with the name of the person, a brief summary of the claims, and the disposition of the case(s).
- d. Filed bankruptcy or been placed in an involuntary bankruptcy or other insolvency proceeding? Yes ☐ No ☐. If yes, state the name of the person: \_\_\_\_\_; date of the filing of the bankruptcy or insolvency proceeding: \_\_\_\_\_; the court in which the proceeding was filed: \_\_\_\_\_; case number: \_\_\_\_\_; status of the proceeding: \_\_\_\_\_; date of discharge, if granted: \_\_\_\_\_; and date of dismissal, if dismissed: \_\_\_\_\_.

**G. APPLICANT'S DESIGNEE:**



The Applicant must designate a representative who: will serve as the primary contact for the Applicant; is authorized to make decisions on behalf of the Applicant as they relate to certification; is qualified to obtain and maintain the required educational credits; and is authorized to perform such other acts as are necessary to obtain and maintain the Applicant's certification.

The Designee must be (a) an officer, managing member or general partner of the Applicant for no less than one year prior to the date of this Application; and/or (b) an individual who holds at least a 25% ownership interest in the Applicant for no less than one year prior to the date of this Application.

\_\_\_\_\_ (the "Designee") shall serve as Applicant's Designee for certification.

Designee email address: \_\_\_\_\_

Designee phone number: \_\_\_\_\_

## II. REPRESENTATIONS AND ACKNOWLEDGMENTS:

Applicant has reviewed and understands all of the requirements of certification and agrees to cooperate with the Commercial Law League of America ("CLLA"), and/or its independent third-party agent, in providing all information and documentation necessary to consider this Application and determine Applicant's qualifications for certification.

Applicant authorizes the CLLA, or its independent third-party agent, to obtain a personal credit report and background information on any or all of Applicant's shareholders, members, partners, general partners, and owners. CLLA's independent third-party agent will provide the Applicant's shareholders, members, partners, general partners, and owners with an authorization form to obtain a personal credit report and to run a background check. Applicant further authorizes the CLLA, or its independent third-party agent, to obtain a business trade report on the Applicant.

Applicant acknowledges:

1. The certification program fee covers the costs of CLLA, and/or its independent, third-party agent reviewing the application; obtaining individual credit reports; up to four (4) individual background checks; a business trade report; travel and incidental expenses related to an on-site visit; and internal administrative costs.
2. The following annual certification program fee includes all fees associated with the application and reapplication process.

<u>Agency size</u>	<u>CLLA member Certification Fee</u>
1– 20 employees	\$1,000.00
21 – 49 employees	\$1,700.00
50 or more employees	\$2,450.00

\*In the event all application requirements are not met, the applicant will be responsible for all additional costs associated with remediation of such requirements. The CLLA will invoice the agency for such additional costs, which the agency will pay within 20 days after receipt. No certificate will be issued to the agency unless and until all invoices have been paid in full.

3. Every five (5) years, a new on-site audit will be required unless there is a material change in the agency which would include, but not be limited to a change of ownership, change in executive management, a change in the agency's business model, a move of the home office, a change of banks or accounting firms, a lawsuit materially affecting the agency's financial performance or a significant decrease in agency revenue.

The fees listed above shall be due and payable on or before January 1<sup>st</sup> and then due and payable January 1<sup>st</sup> of each subsequent year.

Applicant represents that:

- (a) Applicant maintains a separate trust account for all funds collected for and on behalf of its customers and does not commingle any of such funds with funds used or obtained in or for Applicant's business operations.
- (b) Other than transferring or remitting earned fees, commissions, and/or approved reimbursement of costs from Applicant's trust account, Applicant does not use, borrow from or appropriate any funds that belong to its customers.
- (c) Applicant maintains accounting procedures and records in accordance with generally accepted accounting principles or other accepted accounting principles.
- (d) Applicant will meet the annual education (competency) requirements, including a business ethics course, as outlined by the CLLA.
- (e) Applicant holds membership in both the IACC and the CLLA. The agency must be a member of IACC and a designated officer, manager or representative of the agency must be a member of CLLA.
- (f) Applicant certifies that:
  1. The agency is engaged in the collection of commercial claims;
  2. The agency has been in business for at least four (4) years, as of the date of application;
  3. The agency is in compliance with all relevant and applicable federal and state laws and regulations governing the collection of debts, including but not limited to the Consumer Financial Protection Bureau, Fair Debt Collection Practices Act, Privacy Act of 1984, the Health Insurance Portability and Accountability Act of 1996, the Gramm-Leach-Bliley Act of 1999, Fair Credit Reporting Act, Telephone Consumer Protection Act (TCPA), and the Operative Guides for Forwarders and Receivers adopted by the CLLA;
  4. The agency is in compliance with all relevant and applicable state and jurisdictional registration and licensing requirements;

5. The agency maintains documented policies and procedures consistent with all relevant and applicable federal and state laws and regulations governing the collection of debts.

Applicant agrees that:

1. Agency will continue to be in compliance with items (a) through (g) above and consents to the CLLA, or its independent third-party agent, conducting an on-site audit of its facility to ensure compliance with the certification requirements and industry data and physical security standards.
2. Upon request, Applicant will furnish to the CLLA, or its independent third-party agent, copies of all forms, pamphlets and advertising material, which it distributes to prospective customers and all forms and form letters which it sends to debtors from whom it is attempting to collect accounts.
3. By executing and submitting this Application, Agency has reviewed and agrees to the terms and conditions of the CLLA Commercial Collection Agency Certification Program Standards and Requirements.

I, \_\_\_\_\_, for and on behalf of the Applicant and as it's Designee, declare under penalty of perjury that all of the information provided in and along with this Application is true and correct and that I have the full and complete authority for and on behalf of the Applicant to apply to the Commercial Law League of America for certification of the Applicant, to complete this Application and to provide all of the information contained in and requested by the this Application.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

APPLICANT

APPLICANT'S DESIGNEE

\_\_\_\_\_  
Applicant Agency Name

\_\_\_\_\_  
Full Name of Applicant Designee

By: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

As its: \_\_\_\_\_

As its: \_\_\_\_\_

Applications, along with all required documents listed at  
<https://clla.org/apply-now/> (see Step 1), must be returned via e-mail to [info@clla.org](mailto:info@clla.org).