



**STATE OF CALIFORNIA
DEPARTMENT OF FINANCIAL PROTECTION AND INNOVATION
DEBT COLLECTION LICENSING PROGRAM**

Supplemental Request for Information Required for Licensure
Under the Debt Collection Licensing Act (Financial Code section 100000, et seq.)

NAME OF APPLICANT: _____

NAME OF PRIMARY CONTACT EMPLOYEE:

EMAIL ADDRESS FOR PRIMARY CONTACT EMPLOYEE:

APPLICANT'S MAILING ADDRESS:

(street address)

(city, state and zip code)

TOTAL DOLLAR AMOUNT OF NET PROCEEDS GENERATED BY CALIFORNIA DEBTOR
ACCOUNTS AS OF THE PRIOR CALENDAR YEAR-END: _____

(This information is required to calculate your annual assessment for the year of licensing. Financial Code section 100020, subdivision (a), of the Debt Collection Licensing Act requires each debt collector licensee to “pay to the commissioner its pro rata share of all costs and expenses reasonably incurred in the administration of this division, as estimated by the commissioner, for the ensuing year and any deficit actually incurred or anticipated in the administration of the division in the year” in which the assessment is made. The pro rata share for a licensee shall be based on the proportion of net proceeds generated by California debtor accounts in the preceding calendar year after a levy of \$250.00. Financial Code section 100002, subdivision (b), defines “California debtor accounts” to mean accounts that are owed by consumers who reside in California at the time the consumer makes a payment on the account.)

SUPPLEMENTAL REQUEST FOR INFORMATION

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The applicant has duly caused this Supplemental Request for Information to be signed on its behalf by the undersigned, duly authorized representative. I certify/declare under penalty of perjury under the laws of the State of California that I have read this Supplemental Request for Information and know the contents thereof, and that the statements therein are true and correct.

Executed at _____ (city and state), on this __ day of _____, 20 ____.

By: _____

Signature

Print Name of Signatory

Title