

APPLICATION FOR LICENSURE AS A COLLECTOR REPOSSESSOR

PART 1

The Pennsylvania Department of Banking and Securities (“the Department”) welcomes your request for this Collector Repossessor application. This portion of the application provides general information that will be of value to you when you complete the written portion of the application.

The Department issues Collector Repossessor licenses under the provisions of the Consumer Credit Code, formerly the Motor Vehicle Sales Finance Act (the “Code”), which sets forth requirements both to become and to remain licensed. The Department is responsible for enforcing the Consumer Credit Code (the “Code”).

It is imperative that you become familiar with the Consumer Credit Code. You may wish to consult with an attorney. The legal citation for the Consumer Credit Code is 12 Pa. C.S. § 6101 et. seq.

License Required

A Collector Repossessor license is required by any person, acting as an independent contractor and not as a regular employee of an installment seller or sales finance company, who collects payments or installment sale contracts or repossesses motor vehicles, which are the subject of installment sale contracts. Exemptions from licensure are granted to duly constituted public officials or attorneys-at-law when acting in an official capacity; licensed installment sellers and sales finance companies, previously "holders" (e.g., any person entitled to the rights of a seller under an installment sale contract), making collections or repossessions on installment sale contracts; and, licensed installment sellers and sales finance companies, not regularly engaged in the business of making collections or repossessions, which occasionally make collections or repossessions for other licensed installment sellers or sales finance companies.

Under Section 6211(c) of the Code, a license cannot be transferred or assigned.

Bond

A bond in the sum of five thousand dollars (**\$5,000**) must accompany each application. This bond must be furnished by a surety company legally authorized to transact business in Pennsylvania. Furthermore, the bond must be renewed and re-filed with the Department of Banking and Securities, along with the submission of the license renewal, no later than September 15 of each year. The prescribed bond form has been included as part of the application.

For additional information on the bonding requirement, please refer to § 6213 of the Code.

Employees

Employee Identification Cards: § 6215 of the Code requires that a licensed Collector Repossessor “shall carry the license certificate in the immediate possession of the Collector Repossessor whenever engaged in the type of business for which the license is issued, so that the certificate may be presented for inspection upon request by any person entitled to inspection.” Because it would be impractical for licensees and employees to carry the actual license certificate when conducting repossession, the Department has required, and will continue to require, Collector Repossessor licensees and their employees who repossess motor vehicles to carry with them a wallet-sized identification card (“I.D. card”). The Department issues the I.D. card to the licensee with the name of the employee and the name and license number of the Collector Repossessor licensee stated thereon. To be valid, the I.D. card must be signed by the employee of the licensee.

Each licensee and employee requiring an I.D. card must complete an I.D. application form, which has been included as part of this application package. For your convenience, the I.D. application form may be duplicated. Once issued the I.D. card is not assignable, and upon termination of the employee, the licensee shall immediately return the employee's I.D. card to the Department.

Responsibility of Licensee: The licensee is entirely responsible for ensuring that the employee/holder of an I.D. card conducts his/her repossessions of motor vehicles in accordance with the Code and the general laws of the Commonwealth.

Records Required

A Collector Repossessor is required to maintain records of the business of collecting payments or installment sale contracts or repossessing motor vehicles under installment sale contracts at the place of business listed on the license certificate issued by the Department. A licensee must maintain complete and accurate information pertaining to each assignment or contract received from a holder.

Examinations and Investigations

Examinations and special investigations are conducted as needed and often result from consumer complaints. Examinations and investigations are discussed in §6203 of the Code.

Business Cards

Business cards of Collector Repossessor licensees and their employees may not display the seal or emblem of the Commonwealth of Pennsylvania. Any cards relating to your licensure and/or operation as a Collector Repossessor exhibiting the seal or emblem must be destroyed.

However, it is permissible for such business cards to state that the Department of Banking and Securities, the Commonwealth of Pennsylvania, or both license the bearer or an employee of an authorized Collector Repossessor. Non-compliance with this directive may result in license revocation.

Penalties; License suspension, revocation, or refusal to renew

The Department may assess fines of \$2,000 or more per offense if a licensee violates any provision of the Code. The Department also has the authority to suspend, revoke, or refuse to renew a licensee for violation of any provision of the Code, or any material misstatement made in the application(s) filed with the Department.

Annual license fees; renewals

An initial licensing fee of **\$350** for the official place of business must accompany the application for licensure. Checks or money orders should be made payable to the Pennsylvania Department of Banking and Securities. By law, there can be no abatements granted on licensing fees for licenses issued after the start of the October 1 licensing year. If a license is surrendered, revoked, or suspended prior to its expiration date, the license fee cannot be refunded in whole or in part.

Licenses must be renewed annually by September 15. An annual renewal fee of **\$250** and a five thousand (**\$5,000**) surety bond, as prescribed in § 6213 of the Code, must accompany the renewal application for each official place of business.

Other provisions that apply; other laws that may apply

The preceding discussion does not represent a complete analysis of the Consumer Credit Code, formerly the Motor Vehicle Sales Finance Act. Rather, the areas discussed are based on the issues, which surface most frequently. ***You are advised to read and review the Consumer Credit Code, formerly the Motor Vehicle Sales Finance Act in order to become familiar with all provisions.***

Information about corporate and business registration can be obtained by contacting the Corporation Bureau of the Pennsylvania Department of State, 3rd Floor, North Office Building, Harrisburg, Pennsylvania, 17120-0029. The telephone number is (717) 787-1057 or visit their website at www.dos.pa.gov.

An attorney should be able to advise you about federal laws that may apply to collections and repossessions, such as the Fair Debt Collection Practices Act, 15 U.S.C. §1692 et seq.

How and Where to file

Please complete Part 2 of this application. Make a copy for your records. Mail the original and any required attachments, along with a check or money order payable to the Pennsylvania Department of Banking and Securities in the proper amount, to the following address:

**Pennsylvania Department of Banking and Securities
Non-Depository Licensing Office
17 N 2nd St, Ste 1300
Harrisburg, Pennsylvania 17101-2290**

Keep pages 1 through 4 for your records.

If you have any questions, please call the Non-Depository Licensing Office weekdays from 8:30 a.m. to 5:00 p.m. at (717) 787-3717, TT/Voice 1-800-679-5070 or visit our web site at www.dobs.pa.gov.

We look forward to processing your application.

COLLECTOR REPOSSESSOR APPLICATION

Part 2

For Official Use Only
License #

1. Please indicate name of business and how it is structured.

Name of corporation: _____

D/B/A [if applicable]: _____

Federal ID Number: _____

Attach Articles of Incorporation, if a foreign corporation, Foreign Registration Statement to do business in Pennsylvania and, if applicable, a copy of the fictitious name registration.

IF BUSINESS IS NOT A CORPORATION (I.E. PARTNERSHIPS, ASSOCIATIONS, LIMITED LIABILITY COMPANIES OR SOLE PROPRIETORSHIP)

How is business organized? _____

Name of entity: _____

D/B/A [if applicable]: _____

Federal ID Number: _____

Attach a copy of the Operating Agreement, By-Laws, etc., evidence of registry with the Pennsylvania Department of State, if required [if not required, state reason below] and, if applicable, a copy of the fictitious name registration. Please provide legal opinion if claiming exemption

2. List complete address(es) where collector reposessor business will be conducted.

OFFICIAL LOCATIONS (\$350 LICENSING FEE MUST ACCOMPANY APPLICATION):

_____			(_____)	_____
Street Address and Suite or Room			Number	Office Telephone
_____			(_____)	_____
City	State	Zip	Fax Number	
_____			_____	
County			Office Manager	

If any of the following is not applicable, please indicate N/A

Company email address: _____

Company web address: _____

(Web address must be registered with the Pennsylvania Department of State if it is significantly different from the company name or not prominently displayed on the opening page.)

List all types of business offered on your website: _____

Attach additional sheets if necessary

Explain how Collector Repossessor business will be conducted via the internet (if applicable): _____

Attach additional sheets if necessary

3. Information about officers, directors, direct owners, partners or members and any managers of the entity.

A. If business is a corporation:

List full name, corporate title, date of birth, social security number, residence address, residence telephone number, cell phone number and email address of each officer, direct owner, director, and office manager of the proposed licensed corporation. **Attach additional sheets if necessary.**

If business is not a corporation:

List full name, official title in the business, date of birth, social security number, residence address, residence telephone number, cell phone number and email address of each direct owner, partner or members and any managers of the proposed licensed business. **Attach additional sheets if necessary.**

Full Name: _____ **Title:** _____

Social Security Number: _____ **Date of Birth:** _____

Home Address: _____

Home Phone Number: (____) _____ **Cell Phone Number:** (____) _____

Email address: _____

Full Name: _____ **Title:** _____

Social Security Number: _____ **Date of Birth:** _____

Home Address: _____

Home Phone Number: (____) _____ **Cell Phone Number:** (____) _____

Email address: _____

Full Name: _____ **Title:** _____

Social Security Number: _____ **Date of Birth:** _____

Home Address: _____

Home Phone Number: (____) _____ **Cell Phone Number:** (____) _____

Email address: _____

Attach additional sheets if necessary

- B.** Have any of the officers, directors, and/or direct owners ever been involved with an entity that has been licensed or is currently licensed by the Department:

List the individual's name, the type of license(s), license number, and the name, city and county of the licensed business(es) if none; please place check mark in designated location.

____ None

Name of Individual	Type of License & License No.	Name of Business and City and County of Location

Attach additional sheets if necessary.

4. Please complete all of the following information in order to identify the person(s) the Department should contact to address Licensing, Compliance, and Consumer issues.

A. LICENSING CONTACT

FULL NAME: _____ TITLE: _____

Street Address

Suite/Room/Floor

City

State

Zip

OFFICE PHONE NUMBER: (_____) _____ OFFICE FAX NUMBER: (_____) _____

EMAIL ADDRESS: _____

B. EXAMINATION CONTACT

FULL NAME: _____ TITLE: _____

Street Address

Suite/Room/Floor

City

State

Zip

OFFICE PHONE NUMBER: (_____) _____ OFFICE FAX NUMBER: (_____) _____

EMAIL ADDRESS: _____

C. COMPLIANCE CONTACT

FULL NAME: _____ TITLE: _____

Street Address

Suite/Room/Floor

City

State

Zip

OFFICE PHONE NUMBER: (_____) _____ OFFICE FAX NUMBER: (_____) _____

EMAIL ADDRESS: _____

D. CONSUMER COMPLAINT CONTACT

FULL NAME: _____ TITLE: _____

Street Address

Suite/Room/Floor

City

State

Zip

OFFICE PHONE NUMBER: (_____) _____ OFFICE FAX NUMBER: (_____) _____

EMAIL ADDRESS: _____

E. BILLING CONTACT

FULL NAME: _____ TITLE: _____

Street Address

Suite/Room/Floor

City

State

Zip

OFFICE PHONE NUMBER: (_____) _____ OFFICE FAX NUMBER: (_____) _____

EMAIL ADDRESS: _____

- 5. Have any officers, directors, direct owners, partners or members and any managers identified on this application ever been arrested for, charged with, convicted of, pled guilty to, or pled nolo contendere (no contest) or given a diversionary sentence in lieu of conviction to any felony in this Commonwealth or anywhere else (including court martial or disciplinary proceedings under the Uniform Code of Military Justice)?**

No: ____ Yes: ____

If yes, please provide a detailed explanation of the circumstances:

Attach additional sheets if necessary

6. The Department of Banking and Securities requires all applicants to provide both National Criminal History Record Information (fingerprint cards) and Pennsylvania Criminal Record Checks for all officers, directors, direct owners, partners or members and any managers. Instructions for completing all required criminal history checks can be found at the end of the application.

7. Have any officers, directors, direct owners, partners or members and any managers identified in this application been a party to a financial service business whose application, license, or authorization has been refused, denied, suspended, or revoked in Pennsylvania or any other state?

No: _____ Yes: _____

If yes, please provide a detailed explanation of the circumstances:

Attach additional sheets if necessary

8. Please answer the following questions by placing an X on the appropriate response line.

YES NO

- a. ☐ ☐ Do you understand that the Consumer Credit Code related to Motor Vehicle Sales Finance describes requirements related to conducting business?
- b. ☐ ☐ Do you understand that a licensee may be assessed a fine of \$2,000 or more for violating any provision of the Consumer Credit Code related to Motor Vehicle Sales Finance?
- c. ☐ ☐ If you become licensed, will you convey the requirements of the Consumer Credit Code related to Motor Vehicle Sales Finance to any person(s) who engage(s) in collector reposessor business as your employee?
- d. ☐ ☐ Do you understand that all employees, including owners, officers, and directors, who repossess motor vehicles must have a Collector Repossessor identification card issued by the Department?
- e. ☐ ☐ Do you understand that a Collector Repossessor license may not be transferred or assigned?

YES NO

- f. ☐ ☐ Do you understand that, as a Collector Repossessor licensee, you may make collections on installment sale contracts or repossess motor vehicles subject to installment sale contracts only for licensed sales finance companies and installment sellers?
- g. ☐ ☐ Do you understand that a Collector Repossessor's license expires each year on October 1, and must be renewed on or prior to September 15?
- h. ☐ ☐ Do you understand that original or duplicates of all records that pertain to your collector repossessor business must be maintained at your official place of business, as listed on the license certificate, or at any office maintained by the licensee subject to the approval of the Secretary of Banking and Securities?
- i. ☐ ☐ Do you understand that a Collector Repossessor licensee is subject to examinations/investigation by the Department of Banking and Securities at any time the Department deems such an examination necessary or desirable?
- j. ☐ ☐ Do you understand that during an investigation by the Department of Banking and Securities, the Department must be given unimpeded access to the licensee's place(s) of business, and all instruments, documents, accounts, books and records which pertain to the licensee's Collector Repossessor business?
- k. ☐ ☐ Do you understand that you are committing a violation of the Consumer Credit Code related to Motor Vehicle Sales Finance and may be assessed a fine of **\$2,000 to \$10,000** per offense if you conduct Collector Repossessor business prior to licensure?
- l. ☐ ☐ Do you understand that the Department may suspend, revoke, or refuse to renew any Collector Repossessor license if the licensee has 1) made any material misstatement in the application or 2) failed to comply with or violated any provision of the Consumer Credit Code related to Motor Vehicle Sales Finance or any rule, regulation, or order promulgated by the Department?
- m. ☐ ☐ Do you have any questions about the Consumer Credit Code related to Motor Vehicle Sales Finance or the licensing process?

If yes, please attach a separate sheet with all questions]

9. Designate Pennsylvania agent for service of process [for foreign entities only]

The applicant corporation, in pursuance of action taken at a regular meeting of the Board of Directors of said corporation does hereby appoint:

FULL NAME: _____

BUSINESS ADDRESS: _____

Telephone Number: (_____) _____

its true and lawful attorney and authorized agent upon whom all lawful process in any proceeding against it may be served and agrees that service of process on its attorney or agent herein named shall be of the same legal force and validity as if served upon it, the said corporation, and the authority for such service of process shall continue in force as long as any liability remains outstanding against it in the Commonwealth of Pennsylvania.

In the case of death, removal from the Commonwealth of Pennsylvania, or any legal disability or disqualification of its attorney or agent herein named, the said corporation does hereby appoint the Secretary of Banking and Securities of the Commonwealth of Pennsylvania, and successor in office, to be its true and lawful attorney and authorized agent upon whom all lawful process in any proceeding against it may be served and agrees that service of process on the Secretary of Banking and Securities shall be of the same legal force and validity as if served upon it, the said corporation, and the authority for such service of process shall continue in force as long as any liability remains outstanding against it in the Commonwealth of Pennsylvania.

Authorization/Affirmation

I understand by submitting this **Collector Repossessor Application**

I am agreeing to be bound by the following declaration: **"I declare that all of my answers on this *Collector Repossessor Application* are complete, true and correct. I make this declaration subject to the penalties of 18 PA.C.S. § 4904 relating to unsworn falsification to authorities."**

(Please Print):

_____ Owner/Officer/Partner Name &	Title	_____ Owner/Officer/Partner Name & Title
_____ Owner/Officer/Partner Name &	Title	_____ Owner/Officer/Partner Name & Title
_____ Owner/Officer/Partner Name &	Title	_____ Owner/Officer/Partner Name & Title
_____ Owner/Officer/Partner Name &	Title	_____ Owner/Officer/Partner Name & Title

Signatures Required:

_____ Owner/Officer/Partner Signature		_____ Owner/Officer/Partner Signature
_____ Owner/Officer/Partner	Signature	_____ Owner/Officer/Partner Signature
_____ Owner/Officer/Partner Signature		_____ Owner/Officer/Partner Signature
_____ Owner/Officer/Partner	Signature	_____ Owner/Officer/Partner Signature

10. Please review before mailing this application.

- ✓ Answered all questions or indicated N/A?
- ✓ Checked answers for accuracy?
- ✓ Authorized/Affirmed the application?
- ✓ Attached a copy of the Articles of Incorporation and/or Foreign Registration Statement?
- ✓ Attached a copy of the approved fictitious name registration if applicable?
- ✓ Completed all criminal record checks?
- ✓ Made and retained a copy of the entire application for your records?
- ✓ Enclosed a check for the appropriate amount?

11. Please mail completed original application to:

**PENNSYLVANIA DEPARTMENT OF BANKING AND SECURITIES
NON-DEPOSITORY LICENSING OFFICE
17 N 2ND ST, STE 1300
HARRISBURG, PA 17101-2290**

The Pennsylvania Department of Banking and Securities (“the Department”) regulates the financial service industry in Pennsylvania and requires license applicant(s) to complete a Pennsylvania State Police criminal background history check and an FBI Fingerprint Check when applying for licensure.

Please review the following requirements and conditions for the Pennsylvania Check:

1. Each applicant or control person listed on the license application must complete an online criminal background history check using the Pennsylvania Access to Criminal History (PATCH) located at <https://epatch.state.pa.us>
2. **ALL CRIMINAL HISTORY REQUESTS MUST BE DATED WITHIN 30 DAYS OF SUBMISSION OF THE APPLICATION**
3. Cost of the online criminal background history check is \$22.00 for each request and is payable through PATCH by credit card.
4. Please select **Company Request** under Requestor Details
5. When completing the application, the “Personal Information” section of the PATCH application must contain identifying information for the Department to ensure the results of the criminal background history check are forwarded directly to this Department. **Results of the criminal background history check will not be accepted directly from the applicant and will only be accepted from PATCH**. Below is the information that **must** be entered in the **“Company Details”** section of the PATCH application:

Reason for Request: Employment

Company Name: PADOBS

Company Address Line 1: Market Square Plaza

Company Address Line 2: 17 N 2nd St Ste 1300

City: Harrisburg

State: PA

Zip: 17101

Phone Number: (717) 787-3717

Below is the information that **must** be entered in the **“Company Contact Details”** section of the PATCH application:

First Name: NonDepository

Last Name: Licensing

Email Address: RA-BNBackgroundCheck@pa.gov

After completing the “Personal Information” section of the PATCH application, navigate to the “Record Check Request Form” section of the application and enter the information of the applicant or control person. Although not required by PATCH, **it is a requirement of the Department to provide your Social Security number in the “Record Check Request Form” section of the application.**

6. After making payment for the criminal background history check, you will be provided with a “Request Results” page which **must be** provided to the Department to verify the background history check was completed and to track the results of any “No Record” responses. **Print** the “Request Results” page and send it with the other state specific information. The “Request Results” page will contain your First and Last name as you typed them into the system, the date that you submitted the request and a control number.

In addition to the Pennsylvania State Police criminal background history check, all applicants are also subject to a search of the national criminal history database via an **FBI Fingerprint Check**.

Please review the following requirements and conditions for the FBI Fingerprint Check:

ALL CRIMINAL HISTORY REQUESTS MUST BE DATED WITHIN 30 DAYS OF SUBMISSION OF THE APPLICATION

Available to Pennsylvania residents and those working in the Commonwealth of Pennsylvania:

- To Schedule your ten-minute fingerprint appointment, simply click on the link associated with your license type below:

[Collector Repossessor](#)

[Consumer Discount Company](#)

[Installment Seller](#)

[Sales Finance Company](#)

PLEASE BRING ONE OF THE IDENTIFICATION DOCUMENTS FROM THE LIST BELOW TO YOUR ENROLLMENT APPOINTMENT:

- ✓ Driver's License issued by a State or outlying possession of the U.S.
- ✓ Driver's License PERMIT issued by a State or outlying possession of the U.S.
- ✓ ID card issued by a federal, state, or local government agency or by a Territory of the United States
- ✓ State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency
- ✓ Commercial Driver's License issued by a State or outlying possession of the U.S.
- ✓ Canadian Driver's License
- ✓ Department of Defense Common Access Card
- ✓ Employment Authorization Card/ Document (I-766) with Photo
- ✓ Foreign Driver's License (Mexico and Canada only)
- ✓ Foreign passport
- ✓ Military Dependent's Identification Card
- ✓ Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- ✓ U.S. Coastguard Merchant Mariner Card
- ✓ U.S. Military Identification Card
- ✓ U.S. Passport
- ✓ Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- ✓ U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States
- ✓ Uniformed Services Identification Card (Form DD-1172-2)

IdentoGO locations are updated regularly.

For all other applicants residing or working in states other than Pennsylvania a fingerprint card must be submitted by mail to IndentoGO

Non-Resident Cardscan Universal Enrollment Platform Processing Overview

Cardscan processing is available for those applicants residing outside of Pennsylvania and/or Pennsylvania residents physically unable to visit an IndentoGO location. To complete the process, applicants must complete the following steps.

1. Obtain fingerprints on [FBI \(FD-258\) fingerprint card](#) and complete personal information fields on fingerprint card.
2. Click on the link associated with your license type on the previous page.
3. Click on the '**Submit A Fingerprint Card by Mail**' link and complete the pre-enrollment information necessary to submit a fingerprint card enrollment by mail. All processing fees will be collected during the pre-enrollment process. A pre-enrollment confirmation page will be provided once registration is complete.
4. Print and sign the completed pre-enrollment confirmation page, which includes the barcode printed on the top right of the page. Mail the signed pre-enrollment confirmation page and the completed fingerprint card to IndentoGO using the mailing address provided during this pre-enrollment process.

DO NOT MAIL THE COMPLETED FBI CARD TO THE DEPARTMENT OF BANKING AND SECURITIES

Third Party Investigatory Background Checks: Each control person (including the qualifying individual) who does not or has not resided in the US for at least 5 years must provide an investigative background report. The report must be prepared by an acceptable search firm and submitted directly to the Department in addition to other background information required in the application. At a minimum, the report must contain the following:

- A comprehensive credit report/history
- Civil court and bankruptcy court records for the past 5 years, including a search of the court data in the country(ies), states, towns where the individual resided and worked and in contiguous areas
- Criminal records for the past 5 years, including felonies, misdemeanors and violations including a search of court data in the countries, states, towns where the individual resided and worked and in contiguous areas.

Results of the background checks are not mailed to applicants. If there is a problem with the results of your background check you will be notified.

Applicant Notification and Record Challenge: *Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating the FBI identification record are set for the in Title 28, CFR, 16.34.*



COLLECTOR REPOSSESSOR LICENSEE PERSONAL STATEMENT OF EMPLOYEE

To the Secretary of Banking and Securities
Commonwealth of Pennsylvania

I hereby make application for the issuance of an identification card to be available, upon request, in my duties as an employee of the following Collector Repossessor:

Name of Licensee: _____

DBA (if applicable): _____

Address of Licensee: _____

Street Address

City

State

Zip

License Number: _____

1. **Employee Information:** Provide evidence of employment for current employer. i.e. W-4 if employed less than 1 year, W-2 if employed more than 1 year

Name of Employee: _____

Residential Address: _____

Street Address

City

State

Zip

Home Telephone #: _____ Cell Phone #: _____

Social Security #: _____ Date of Birth: _____

Email Address: _____

2. Have you ever been indicted, pleaded guilty, pleaded nolo contendere, or been convicted of a felony?

___ Yes ___ No – please explain in detail the circumstances:

Attach additional sheets if necessary

Authorizaton/Affirmation

I understand by submitting this **Collector Repossessor Employee Personal Statement**

I am agreeing to be bound by the following declaration: "**I declare that all of my answers on this *Collector Repossessor Employee Personal Statement* are complete, true and correct. I make this declaration subject to the penalties of 18 PA.C.S. § 4904 relating to unsworn falsification to authorities.**"

Please Print:

INDIVIDUAL/EMPLOYEE NAME

Signature Required:

EMPLOYEE

Signature

LICENSEE'S SIGNATURE (OWNER/OFFICER/PARTNER)



MARKET SQUARE PLAZA | 17 N SECOND STREET, Suite 1300 | HARRISBURG, PA 17101
Ph 717.787.3717 Fx 717.787.8773 W www.dobs.pa.gov

Bond No. _____

COLLECTOR REPOSSESSOR BOND

WHEREAS, Department means the Department of Banking and Securities of the Commonwealth of Pennsylvania located at 17 N. 2nd Street, Suite 1300, Harrisburg, Pennsylvania 17101, and

WHEREAS, Principal means _____,
(Name of Collector Repossessor)

with its principal place of business at _____
(Principal's Address)

and phone number of _____
(Principal's Phone Number)

WHEREAS, Surety means _____,
(Name of Surety Company)

incorporated under the laws of the State of _____,
(State of Surety Company's Incorporation)

with its principal place of business at _____
(Surety's Address)

and phone number of _____
(Surety's Phone Number)

WHEREAS, Surety is licensed to do business in the Commonwealth of Pennsylvania, and is approved by the Secretary of Banking and Securities of the Commonwealth of Pennsylvania ("Secretary") as an acceptable Surety, and

WHEREAS, reference is made herein to the "Consumer Credit Code" related to motor vehicle sales finance (12 Pa. C. S. §6201, et. seq.), and

WHEREAS, Principal has applied to the Department for a license under the provisions of the Consumer Credit Code ("Code"), and

WHEREAS, the granting of the license by the Department to Principal is conditioned upon Principal obtaining a bond in the amount of five thousand dollars (\$5,000), and

NOW THEREFORE, KNOW ALL MEN BY THESE PRESENTS that Principal and Surety, are held and firmly bound unto the Commonwealth of Pennsylvania in the just and full sum of five thousand dollars (\$5,000) to the payment whereof, well and truly to be made, we bind ourselves, and our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents:

1. **Condition of the Obligation.** If Principal shall faithfully:

- a. comply with and abide by the provisions of the Code; and
- b. comply with and abide by all the rules and regulations of the Department issued in accordance with the Code; and
- c. pay any moneys due to the Commonwealth, the Department, or any person or persons who were residents of the Commonwealth at the time the cause of actions arose, any and all moneys due under the provisions of this Code,

then this obligation shall be null and void, otherwise to be and remain in full force and effect.

2. **Effective Date.** The effective date of this bond is set forth below.

3. **Duration of Bond.** This bond shall continue in full force and effect indefinitely, subject, however, to cancellation.

4. **Cancellation.** Surety may elect to cancel this bond at any time by filing with the Secretary a thirty (30) day written notice of such cancellation. The bond cancellation shall be effective on the thirtieth (30th) day after the filing of the written notice of cancellation. Surety shall remain liable for all transactions associated with the loaning of money at interest by Principal during the term of this bond until the effective date of the cancellation.

5. **Surety's Liability.** Regardless of the number of years this bond remains in force, the aggregate liability of Surety for any and all claims or judgments to one or more claimants in no event shall exceed the full penal sum.

6. **Default.** Upon the happening of any default of the conditions and obligations assumed under this bond and the declaration of a default by the Secretary, or his designee, the Secretary, or his designee, shall notify the Principal and Surety of such default. Said Surety shall pay the amount claimed within 30 days of the date of notice. If the Surety does not pay the amount claimed within 30 days after the notice of default, Principal and Surety hereby authorize and empower any attorney of record in Pennsylvania or elsewhere to appear for them, or either of them, and after one or more declarations filed to confess judgment against them in favor of the Commonwealth, to its use or

the use of its certain attorney or assigns, for an amount up to the penal sum of the bond, together with costs of suit and five percentum, added as attorney fee, and they do further release all errors, and waive the right of exemption, and stay of execution and authorize the levy of their monies.

7. **Events Not Affecting Bond Liability.** This bond shall not be discharged by:

- a. the recovery of any specific amount of charges for examination, damages, costs, judgments, fines or penalties obtained in any specific action. The bond shall be in full force and effect until the full amount of the bond of five thousand dollars (\$5,000) shall have been paid by reason of any number of charges for examination, damages, costs, judgments, fines or penalties to which the Principal may have become subjected; or
- b. sums due, where the right to which sums did not arise during the license year for which the license found on the application which this bond accompanied was granted.

8. **Department Remedies.** Nothing herein shall limit the Department from seeking any remedy, in addition to the forfeiture of this bond, which may be authorized or provided under any law.

9. **Other Person Remedies.** If any person shall be aggrieved by the misconduct of a licensee and shall recover judgment against such licensee, such person may, on any execution issued under such judgment, maintain an action upon the bond of the licensee in any court having jurisdiction of the amount claimed provided the Department assents thereto.

10. **Disclosure.** Principal and Surety agree that the Department may publish, divulge or otherwise disclose to any person or government entity this bond, the contents of this bond, and any information or material related to this bond. The information which may be disclosed includes, but is not limited to, pleadings, other submissions and orders related to any administrative proceedings, when such publication divulgement or disclosure is related to an administrative, judicial or other legal proceeding concerning this bond.

11. **Headings.** The headings used herein are for descriptive purposes only and have no legal force or effect.

IN WITNESS WHEREOF, Principal and Surety have set their hand, intending to be legally bound as of the ____ day of _____, 20____ (“Effective Date”).

PRINCIPAL:

(Print Principal Name)

Signed this ____ day of _____, 20____.

By: _____
(Signature)

(Title: i.e. Attorney in Fact)

ATTEST OR WITNESS:

(Where Required)

SURETY:

(Print Surety Name)

Signed this ____ day of _____, 20____.

By: _____
(Signature)

(Title: i.e. Attorney in Fact)

ATTEST OR WITNESS:

(Where Required)

Approved as to legality and form:

PRE-APPROVED OAG 10/27/14

/Robert A. Mulle/
Office of Attorney General

PRE-APPROVED OGC 9/5/14

/Shawn E. Smith/
Office of General Counsel

Form No. 3-FA-11.1