



RHODE ISLAND DEBT COLLECTOR REGISTRATION - FORM DCU1

Who is required to register?

Any company or person who in Rhode Island engages in the business of: a debt collector; solicits the right to collect or receive payment for another of an account, bill or other indebtedness; or advertises for or solicits in print the right to collect or receive payment for another of an account, bill or other indebtedness.

Who does not need to register?

Any company or person who:

- (a) Is the servicer of a debt secured by a mortgage to the extent that the mortgage debt the was not in default when first serviced; or
- (b) Is a debt collector located out of this state; provided that the debt collector:
 - (1) Is collecting debts on behalf of an out-of-state creditor for a debt that was incurred out-of-state; *and*
 - (2) Only collects debts in this state using interstate communication methods, including telephone, facsimile, or mail.
- (c) Is a regulated institution as defined under R. I. Gen. Laws § 19-1-1, national banking association, federal savings bank, federal savings and loan association, federal credit union, or any bank, trust company, savings bank, savings and loan association or credit union organized under the laws of this state, or any other state of the United States, or any subsidiary of the above; but except as provided herein, *this section shall apply to a subsidiary or affiliate, as defined by the director, of an exempted entity and of a bank holding company established in accordance with state or federal law.*

What are the pre-requisites for registration?

Net worth: Positive as determined in accordance with Generally Accepted Accounting Principals

What is the fee for registration?

- Fee: E-mail filers: \$200 plus \$200 for each additional location for a three (3) year period payable by check (Payable to "General Treasurer, State of Rhode Island)
- Electronic filers: \$210 plus \$210 for each additional location for a three (3) year period payable by credit card (Visa, MasterCard, Discover, American Express)
- (ALL FEES ARE NON REFUNDABLE)***

WHO TO CONTACT – Contact the Division of Banking licensing staff by phone at (401) 462-9503 or send your questions via e-mail to bankinquiry@dbr.ri.gov for additional assistance.

NON-EXEMPT DEBT COLLECTORS ARE NOT AUTHORIZED TO ENGAGE IN DEBT COLLECTIONS IN THE STATE OF RHODE ISLAND UNTIL REGISTERED WITH THE DEPARTMENT OF BUSINESS REGULATION DIVISION OF BANKING



RHODE ISLAND DEBT COLLECTOR REGISTRATION - FORM DCU1

A. GENERAL INSTRUCTIONS

1. **FILING** – Form DCU1 is the Uniform Debt Collectors Form Business Application.
2. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
3. **EXECUTION** – An authorized representative of the Applicant must complete the execution section.
4. **DATES** – The filing date is the date *Applicant* submits this form electronically via www.dbr.ri.gov or as a PDF attachment via e-mail bankinquiry@dbr.ri.gov (enter Debt Collector Registration in the Subject Line) to the Division of Banking.
5. **AMENDMENTS** – The *Applicant* must update information by submitting via www.dbr.ri.gov or as a PDF attachment via e-mail bankinquiry@dbr.ri.gov (enter Debt Collector Registration in the Subject Line) using Form DCU1. *Applicant* must identify and complete the item(s) being amended as well as the name of the *Applicant* and license/registration number where applicable.
6. **CONTACT EMPLOYEE** – The individual listed as the contact employee must be authorized to receive all compliance and licensing information, communications, and mailings, and be responsible for disseminating it within the *Applicant's* organization.
7. **SURRENDER / CANCEL**– When an *Applicant* decides to cease operations under the license/registration, use the Form DCU1 to notify the Division of Banking via www.dbr.ri.gov or as a PDF attachment via e-mail bankinquiry@dbr.ri.gov (enter Debt Collector Registration in the Subject Line) by checking the “Surrender/Cancel” box and completing only items 1A, 2(B), 2(D) and 3 (indicate Rhode Island as the *jurisdiction* in which *Applicant* is ceasing operations). Send the original license/registration document (if any was issued) to the Division of Banking.

B. FILING INSTRUCTIONS

1. **FORMAT**
 - A. Submit a fully completed Form DCU1 to the Division of Banking via www.dbr.ri.gov or as a PDF attachment via e-mail bankinquiry@dbr.ri.gov (enter Debt Collector Registration in the Subject Line) when the *Applicant* is filing for the first time.
 - B. Use only the current version of Form DCU1 and its Schedules.
 - C. All information must be typed.
2. **ATTACHMENTS** – Provide the following:
 - A. File Schedule A with initial applications and to update information as needed.
 - B. Provide the information contained in Item 2(A) for the registered agent for service of legal process who is located within the State of Rhode Island.

C. Fees:

- (i) **E-mail Filing:** \$200 per application plus \$200 for each additional location. All payments are by check payable to “General Treasurer, State of Rhode Island”.
- (ii) **Electronic Filing:** \$210 per application plus \$210 for each additional location. Payment by credit card. (VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS)
- (iii) **Term:** Fee is for a three year period ending December 31st. The initial term is therefore extended for the fraction of a year for *Applicants* who file prior to December 31st.

(ALL FEES ARE NON REFUNDABLE)

C. EXPLANATION OF TERMS – The following terms are *italicized* throughout Form DCU1

1. GENERAL

- A. **APPLICANT** – The debt collector applying or amending information on this form. The only instance in which the *Applicant* is an individual is in the case of a sole proprietorship.
- B. **CONTROL** – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or executive officer; (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; (iii) in the case of an LLC, Managing Member; or (iv) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to *control* that company.
- C. **CONTROL PERSON** – An individual (natural person) named in Item 1A or in Schedule A.
- D. **JURISDICTION** – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.
- E. **PERSON** – An individual, partnership, corporation, trust, LLC or other organization.

2. FOR THE PURPOSE OF ITEM 9

- A. **CHARGED** – Being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).
- B. **CONTROL AFFILIATE** – A partnership, corporation, trust, LLC, or other organization that directly or indirectly *controls*, or is *controlled* by, the *Applicant*.
- C. **ENJOINED** – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining *order*.
- D. **FELONY** – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one-year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.
- E. **FINANCIAL SERVICES OR FINANCIAL SERVICES RELATED** – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to; acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, real estate sales*person* or agent, closing agent, title company, or escrow agent).

- F. **FOREIGN FINANCIAL REGULATORY AUTHORITY** – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.
- G. **FOUND** – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.
- H. **INVOLVED** – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing to reasonably supervise another in doing an act or omission.
- I. **MISDEMEANOR** – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one-year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.
- J. **ORDER** – A written directive issued pursuant to statutory authority and procedures, including *orders* of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.
- K. **PROCEEDING** – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

**THE FORMS ON THE FOLLOWING PAGES (5 THROUGH 10) ARE
FOR E-MAIL FILERS ONLY**

**FORM
DCU1**

UNIFORM DEBT COLLECTOR FORM

Date of filing (MM/DD/YYYY): _____

Registration Number (for amendments only). # _____

NEW APPLICATION AMENDMENT *To amend, identify item(s) being amended.* SURRENDER/CANCEL

1. (A) Full name of *Applicant* (sole proprietors provide last, first, and full middle name) _____ (B) IRS Employer Identification Number (Social Security Number is allowed for sole proprietorship) _____

(C) (1) Name under which business primarily is or will be conducted, if different from Item 1A: _____

(2) List any other name(s) by which the *Applicant* conducts or will conduct business and the *jurisdiction(s)* in which they are or will be used (Use additional sheets as necessary).

| | | | |
|---------|---------------------|---------|---------------------|
| 1. Name | <i>Jurisdiction</i> | 2. Name | <i>Jurisdiction</i> |
| 3. Name | <i>Jurisdiction</i> | 4. Name | <i>Jurisdiction</i> |

(D) **For amendments only:** If this filing reports the *Applicant's* name has changed, specify whether the name change is of the *Applicant* name (1A) or business name (1C1)? Enter the old name above and new *Applicant* name here _____ or new business (trade/dba) name here _____

(E) Main address: (Do not use a P.O. Box)

 Number & Street City State / Province & Country Zip+4 / Postal Code

(F) Mailing address, if different from Main address:

 PO Box or Number & Street City State / Province & Country Zip+4 / Postal Code

(G) Telephone Numbers and Website:
 () - ext () - _____
 Business Phone Fax Line Website address e-mail address (optional)

(H) Indicate legal status of *Applicant*.
 Corporation Sole Proprietorship Other (*specify*) _____
 Partnership Limited Liability Company
Applicant's fiscal year end (MM/DD): _____
 If other than a sole proprietorship, indicate date and place *Applicant* obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where *Applicant* entity was formed):
 State/Province & Country of formation: _____ Date of formation (MM/DD/YYYY): _____
 If *Applicant* is a publicly traded corporation, please insert stock symbol: _____

EXECUTION: The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said *Applicant* and agrees to and represents the following:
 (1) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete;
 (2) To the extent any information previously submitted is not amended such information is currently accurate and complete;
 (3) That the *jurisdiction(s)* to which an application is being submitted may conduct any investigation in accordance with state law, into the background of the *Applicant* for purposes of issuing the subject licenses;
 (4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis;
 (5) To keep accurate books and records or otherwise comply with the provisions of law pertaining to the conduct of business for which the *Applicant* is applying.

_____ By _____
 Date (MM/DD/YYYY) Signature of *Applicant's* representative Print *Applicant's* representative name

Notary Seal Here on this _____ at _____
 Date Month Year State County Notary Public Signature

 Notary Appointment Expires (MM/DD/YYYY)

This execution must always be completed in full.

Applicant full legal name: _____

| | | | | | | | |
|---|--|-----------------|--|----------------------------|--|---------------------|--|
| 2. Contact employee information and verbiage: | | | | | | | |
| (A) Registered Agent: | | | | | | | |
| _____ | | () - ext _____ | | () - _____ | | _____ | |
| Name and Title | | Business Phone | | Fax Line | | e-mail address | |
| _____ | | _____ | | RI / _____ | | _____ | |
| PO Box or Number & Street | | City | | State / Province & Country | | Zip+4 / Postal Code | |
| (B) Contact Employee: | | | | | | | |
| _____ | | () - ext _____ | | () - _____ | | _____ | |
| Name and Title | | Business Phone | | Fax Line | | e-mail address | |
| _____ | | _____ | | / _____ | | _____ | |
| PO Box or Number & Street | | City | | State / Province & Country | | Zip+4 / Postal Code | |
| (C) Consumer Complaint Employee information: | | | | | | | |
| _____ | | () - ext _____ | | () - _____ | | _____ | |
| Name and Title | | Business Phone | | Fax Line | | e-mail address | |
| _____ | | _____ | | / _____ | | _____ | |
| PO Box or Number & Street | | City | | State / Province & Country | | Zip+4 / Postal Code | |
| (D) Physical address of location where the official books and records of the Applicant will be kept. Consult each jurisdiction for specific records retention requirements. | | | | | | | |
| _____ | | () - ext _____ | | () - _____ | | _____ | |
| Records Custodian Name | | Business Phone | | Fax Line | | e-mail address | |
| _____ | | _____ | | / _____ | | _____ | |
| Number & Street | | City | | State / Province & Country | | Zip+4 / Postal Code | |
| 3. Enter appropriate number in the box(es) for each jurisdiction: | | | | | | | |
| Enter "1" if Applicant is newly applying in that jurisdiction | | | | | | | |
| Enter "2" if Applicant has a pending application in that jurisdiction | | | | | | | |
| Enter "3" if Applicant is already licensed/registered in that jurisdiction | | | | | | | |
| Enter "4" if Applicant is surrendering/canceling in that jurisdiction | | | | | | | |
| Enter "5" if Applicant was formerly licensed/registered in that jurisdiction. | | | | | | | |
| | | | | | | | |
| Alabama | | Illinois | | Nebraska | | South Carolina | |
| Alaska | | Indiana | | Nevada | | South Dakota | |
| Arizona | | Iowa | | New Hampshire | | Tennessee | |
| Arkansas | | Kansas | | New Jersey | | Texas | |
| California | | Kentucky | | New Mexico | | Utah | |
| Colorado | | Louisiana | | New York | | Vermont | |
| Connecticut | | Maine | | North Carolina | | Virginia | |
| Delaware | | Maryland | | North Dakota | | Washington | |
| District of Columbia | | Massachusetts | | Ohio | | West Virginia | |
| Florida | | Michigan | | Oklahoma | | Wisconsin | |
| Georgia | | Minnesota | | Oregon | | Wyoming | |
| Guam | | Mississippi | | Pennsylvania | | | |
| Hawaii | | Missouri | | Puerto Rico | | | |
| Idaho | | Montana | | Rhode Island | | | |

| | |
|--|--|
| <p>4. Check type(s) of debt collecting related business engaged in (or to be engaged in, if not yet active) by <i>Applicant</i>.</p> <p>(A) First mortgage loan collections</p> <p>(B) Second mortgage loan collections</p> <p>(C) Home equity loans collections, including lines of credit</p> <p>(D) Reverse mortgage loan collections</p> <p>(E) Automobile loan collections</p> <p>(F) Other _____</p> | <p>YES</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <p>5. LEGAL AUTHORITY ATTESTATION.</p> <p>In all <i>jurisdictions</i> that apply, <i>Applicant</i> affirms/attests that the <i>Applicant</i> is in good standing with each <i>jurisdiction's</i> Secretary of State's office, or other applicable agencies. <i>(Not applicable to Sole Proprietors)</i></p> | <p>YES</p> <input type="checkbox"/> |
| <p>6. REPORTING ATTESTATION.</p> <p>In all <i>jurisdictions</i> that apply, <i>Applicant</i> affirms/attests that authorized individual(s) of the <i>Applicant</i> will complete such requirements within the timeframe mandated by the <i>jurisdictions</i> in which the company is licensed and/or registered.</p> | <p>YES</p> <input type="checkbox"/> |
| <p>7. FINANCIAL RESPONSIBILITY ATTESTATION.</p> <p>In all <i>jurisdictions</i> that apply, <i>Applicant</i> affirms/attests that the <i>Applicant</i> is financially solvent with positive net worth calculated in accordance with Generally Accepted Accounting Principles.</p> | <p>YES</p> <input type="checkbox"/> |
| <p>8. ADDITIONAL LOCATIONS.</p> <p>Does or Will the <i>Applicant</i> conduct Rhode Island debt collecting activity from any locations other than the main address entered in 1(E)? If YES, complete the following for each additional location.</p> <p>Full name of <i>Applicant</i> _____</p> <p>Street _____</p> <p>City _____</p> <p>State/Province _____</p> <p>Country _____</p> <p>Zip Code _____</p> <p style="text-align: center;"><i>(This section (8) may be duplicated as needed)</i></p> | <p>YES NO</p> <input type="checkbox"/> <input type="checkbox"/> |

Applicant full legal name: _____

| | | |
|--|--------------------------|--------------------------|
| <p>9. If the answer to any of the following is "YES", separately provide to the Division of Banking via e-mail (bankinquiry@dbr.ri.gov) the complete details of all events or <i>proceedings</i> in an attachment, including as applicable; name and location of court, docket or case number, and status and summary of event or <i>proceeding</i>; copies of applicable charge(s), <i>order(s)</i>, and/or consent agreement(s). Refer to the explanation of terms section of the form DCU1 instructions for explanations of italicized terms. Remember to file updates of these disclosures as needed.</p> | | |
| Criminal Disclosure | | |
| (A) Has the <i>Applicant</i> , a <i>control person</i> of the <i>Applicant</i> , or a <i>control affiliate</i> ever: | YES | NO |
| (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) been <i>charged</i> with any <i>felony</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| (B) In the past ten years has the <i>Applicant</i> , a <i>control person</i> of the <i>Applicant</i> , or a <i>control affiliate</i> : | | |
| (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: financial services</i> or a <i>financial services-related</i> business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) been <i>charged</i> with a <i>misdemeanor</i> specified in 9(B)(1)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Regulatory Action Disclosure | | |
| (C) In the past ten years, has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> : | <input type="checkbox"/> | <input type="checkbox"/> |
| (1) <i>found</i> the <i>Applicant</i> a <i>control person</i> of the <i>Applicant</i> , or a <i>control affiliate</i> to have made a false statement or omission or been dishonest, unfair or unethical? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) <i>found</i> the <i>Applicant</i> a <i>control person</i> of the <i>Applicant</i> , or a <i>control affiliate</i> to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) <i>found</i> the <i>Applicant</i> a <i>control person</i> of the <i>Applicant</i> , or a <i>control affiliate</i> to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted? | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) entered an <i>order</i> against the <i>Applicant</i> a <i>control person</i> of the <i>Applicant</i> , or a <i>control affiliate</i> in connection with a <i>financial services-related</i> activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) denied, suspended, or revoked the <i>Applicant's</i> a <i>control person</i> of the <i>Applicant</i> , or a <i>control affiliate's</i> registration or license or otherwise, by <i>order</i> , prevented it from associating with a <i>financial services-related</i> business or restricted its activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| (D) Has the <i>Applicant's</i> , a <i>control person</i> of the <i>Applicant's</i> , or a <i>control affiliate's</i> authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended? | <input type="checkbox"/> | <input type="checkbox"/> |
| (E) Is the <i>Applicant</i> , a <i>control person</i> of the <i>Applicant</i> , or a <i>control affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 9(C)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Civil Judicial Disclosure | | |
| (F) (1) Has any domestic or foreign court: | | |
| (a) in the past ten years <i>enjoined</i> the <i>Applicant</i> a <i>control person</i> of the <i>Applicant</i> , or a <i>control affiliate</i> in connection with any <i>financial services-related</i> activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) in the past ten years <i>found</i> the <i>Applicant</i> a <i>control person</i> of the <i>Applicant</i> , or a <i>control affiliate</i> to be in violation of any <i>financial services-related</i> statute(s) or regulation(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) in the past ten years dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against the <i>Applicant</i> a <i>control person</i> of the <i>Applicant</i> or <i>control affiliate</i> by a State or <i>foreign financial regulatory authority</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Is the <i>Applicant</i> a <i>control person</i> of the <i>Applicant</i> , or a <i>control affiliate</i> named in any pending <i>financial services-related</i> civil action that could result in a "yes" answer to any part of 9(F)(1)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Financial Disclosure | | |
| (G) In the past ten years has the <i>Applicant</i> , a <i>control person</i> of the <i>Applicant</i> , or a <i>control affiliate</i> been the subject of a bankruptcy petition? | <input type="checkbox"/> | <input type="checkbox"/> |
| (H) Has a bonding company ever denied, paid out on, or revoked a bond for the <i>Applicant</i> , a <i>control person</i> of the <i>Applicant</i> , or a <i>control affiliate</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| (I) Does the <i>Applicant</i> have any unsatisfied judgments or liens against it? | <input type="checkbox"/> | <input type="checkbox"/> |

**Schedule A
DIRECT OWNERS AND
EXECUTIVE OFFICERS**

Applicant full legal name: _____

Date of filing (MM/DD/YYYY): _____

1. Use Schedule A only in new applications to provide information on the **direct** owners and executive officers of the *Applicant*. **Complete each column.**

2. List below the names of:

- (a) each executive officer, including President, Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer, Director, and individuals with similar status or functions;
- (b) each *control person*
- (c) in the case of an *Applicant* that is a corporation, each shareholder that directly owns 10% or more of a class of a voting security of the *Applicant*, unless the *Applicant* is a publicly traded company;

Direct owners include any *person* that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 10% or more of a class of a voting security of the *Applicant*. For purposes of this Schedule, a *person* beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security.

- (d) in the case of an *Applicant* that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 10% or more of the partnership's capital;
- (e) in the case of a trust that directly owns 10% or more of a class of a voting security of the *Applicant*, or that has the right to receive upon dissolution, or have contributed, 10% or more of the *Applicant's* capital, the trust and each trustee; and
- (f) in the case of an *Applicant* that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 10% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers.

3. Complete the "Title or Status" column by entering board/management titles; status as a partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of securities owned (if more than one is issued).

- 4. (a) In the "Control Person" column, enter "Yes" if the *person* has "control" as defined in the instructions to form DCU1, and "No" if the *person* does not have control. Note that under this definition, **most executive officers and all 10% owners, general partners, and trustees would be "control persons"**.
- (b) In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "N/A."

| FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name) | Title or Status | % Ownership | Control Person (yes/no) | Publicly Traded (symbol or n/a) | Company's IRS Tax # or Employer ID |
|--|-----------------|----------------|-------------------------------|---------------------------------------|--|
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Applicant full legal name: _____

RHODE ISLAND DEBT COLLECTOR REGISTRATION - FORM DCU1

| | | | | |
|------------------|--|---|--|-----------------------|
| PAYMENT SCHEDULE | A COPY OF THIS SCHEDULE MUST ACCOMPANY YOUR PAYMENT | | | |
| | Main Office | Number of Additional Offices | Total Locations (Column 1 + Column 2) | Fee per Office |
| 1 | | | \$200 | \$ |

Contact Employee:

| | | | |
|---------------------------|-----------------|----------------------------|---------------------|
| _____ | () - ext _____ | () - _____ | _____ |
| Name and Title | Business Phone | Fax Line | e-mail address |
| _____ | _____ | / | _____ |
| PO Box or Number & Street | City | State / Province & Country | Zip+4 / Postal Code |

Check must be payable to: "General Treasurer, State of Rhode Island"

Make a copy of this Completed Page and mail the Original Completed Page with your check to:

**State of Rhode Island
Department of Business Regulation
Division of Banking
1511 Pontiac Avenue
Building 68-2
Cranston, RI 02920-4407
Telephone: (401) 462-9503**