



Application for Class "MR" License (Recovery Manager)

APPLICATION INSTRUCTIONS

1. The Application for Class "MR" License (Recovery Manager) form, or photocopies of this form, must be used.
2. A non-refundable application fee must accompany this application.

Fee Schedule:

- \$350.00 Initial Application
- \$350.00 Renewal Application
- \$350.00 Reinstate Revoked license
- \$ 75.00 Reinstate Suspended License
- \$350.00 Resume Active Status
- \$425.00 Restore Expired License
- \$ 48.25 Fingerprinting

Submit application and fees to:
 Illinois Commerce Commission
 ATTN: Processing and Information
 527 East Capitol Avenue
 Springfield, IL. 62701

3. 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 this form is insufficient, write "see attached sheet" in the space and attach a plain, white 8 ½ 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.
4. 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.
5. Indicate if the application is an initial, renewal, restoration of an expired license, application to resume active status or a reinstatement of a suspended or revoked license.

PART 1. APPLICANT INFORMATION

6. Residence address is the Applicant's current home address. An address other than the Applicant's residence address will not be accepted for the residence 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 residence address, 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 residence address.
7. List the name of the licensed repossession agency for which the Applicant intends to operate.

PART 2. CRIMINAL AND CIVIL JUDGMENT HISTORY

8. Answer whether the Applicant has 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. Use additional pages of this form as necessary. A separate block must be completed for each offense. List all convictions regardless of date or age at the time of the offense.
9. Answer whether there are any criminal charges currently pending against the Applicant. 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.
10. Check the appropriate box concerning whether the Applicant has had a civil judgment entered against him or her 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.

PART 3. DISCLOSURES

11. Mark "yes" or "no" for each question. If "yes" was marked for questions 1 through 11, provide a detailed explanation on a separate plain, white 8 ½ x 11" sheet that identifies the question and provides the detailed explanation.

PART 4. EMPLOYMENT BACKGROUND

12. The Applicant must provide all of the requested information concerning the actual compensated collateral recovery work the Applicant performed as an employee of a recovery agency, financial institution or a vehicle dealer within the 5 years immediately preceding the filing date of this application. Use additional copies of this page as necessary. Copies of paycheck stubs, W2s, 1099s or payroll printouts supporting the work experience must be submitted with this application. If such documentation is unavailable, attach a separate written statement explaining the unavailability of paycheck stubs, W2s, 1099s or payroll printouts, as well as, a sworn statement from each repossession agency, financial institution, or vehicle dealer for which the Applicant performed actual collateral recovery work for compensation during the 5 years immediately preceding this application.

PART 5. VERIFICATION

13. The application must be signed by the Applicant.

REQUIRED SUPPORTING DOCUMENTATION

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

- Proof of completion of a recovery manager certification program approved by the Commission.
- Attachments in response to Part 3. Disclosures, if applicable.
- Copy of a government issued photo identification card (drivers license, state ID, passport).
- Copies of paycheck stubs, W2s, 1099s or payroll printouts supporting actual compensated collateral recovery experience in the 5 years immediately preceding the filing of this application. If such documentation is unavailable, the Applicant shall provide a separate written statement explaining the unavailability of paycheck stubs, W2s, 1099s or payroll printouts, as well as a sworn statement from each repossession agency, financial institution, or vehicle dealer for which the Applicant performed actual collateral recovery work for compensation during the 5 years immediately preceding his or her application.
- Fingerprinting Form.
- Authorization to Conduct a Criminal Background Check and Obtain Information.
- Two passport photos 2X2 inches (51X51 mm) in size to be used in processing the Recovery Manager Identification Card.



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MR
Recovery Manager License Number

Type of Application (check one):	<input type="checkbox"/> Initial Application	<input type="checkbox"/> Renewal- Current License expires ___/___/___
<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. APPLICANT INFORMATION

Full Legal Name:		
Residence Address:	Phone Number:	
City:	State:	Zip Code:
Mailing Address:	Email:	
City:	State:	Zip Code:
Social Security Number:	Driver's License Number:	Date of Birth:

Name of Licensed Repossession Agency for which Applicant intends to operate:
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PART 2. CRIMINAL AND CIVIL JUDGMENT HISTORY

Has the Applicant 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.		
INSTRUCTIONS		
List below those criminal offenses for which the Applicant has been convicted. List all convictions regardless of date or age at the time of the offense. Complete a separate block for each offense. 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.		
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? If "yes," identify the supervising agency:		<input type="checkbox"/> NO <input type="checkbox"/> YES



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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? If "yes," identify the supervising agency:		<input type="checkbox"/> NO <input type="checkbox"/> YES

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? If "yes," identify the supervising agency:		<input type="checkbox"/> NO <input type="checkbox"/> YES

Does the Applicant have any pending criminal proceedings involving any crime that is not a minor traffic violation?
 NO YES If "yes," the remainder of this Part must be completed.

INSTRUCTIONS

List below those criminal proceedings pending before a court in which the Applicant is 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. Complete a separate block for each offense. Exclude pending court proceedings 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.

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.:



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Have any civil judgments been entered against the Applicant 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.
 NO YES

INSTRUCTIONS

List below civil judgments entered against the Applicant. Complete a block for each judgment. 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.:

PART 3. DISCLOSURES

INSTRUCTIONS

Mark "YES" or "NO" for each question below. If "YES" was marked for questions 1 through 11, provide a detailed explanation on a separate plain, white 8½ x 11" sheet that identifies the question and provides the detailed explanation.

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | |
| <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. |



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- 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.
- 10. Has the Applicant ever had a repossession agency's license revoked?
- 11. Was the Applicant a partner, managing employee, owner or officer of a repossession agency the license of which has been revoked for cause?
- 12. Does Applicant agree to comply with all the requirements contained in the Collateral Recovery Act, 225 ILCS 422/1 *et seq.*, and the Administrative Rules regulating collateral recovery, 92 Ill. Adm. Code 1480.10 *et seq.* ?
- 13. Is the Applicant 21 years of age or older?
- 14. Has Applicant obtained a copy of the Collateral Recovery Act, 225 ILCS 422/1 *et seq.*, and the Administrative Rules regulating collateral recovery, 92 Ill. Adm. Code 1480.10 *et seq.* ?
- 15. Has Applicant successfully completed a recovery manager program approved by the Commission?

PART 4. EMPLOYMENT BACKGROUND

YES NO Has the Applicant completed no less than 2,500 hours of actual compensated collateral recovery work as an employee of a recovery agency, financial institution or a vehicle dealer within the 5 years immediately preceding the filing date of this application?

INSTRUCTIONS

The Applicant must provide in the boxes below all of the requested information concerning the actual compensated collateral recovery work the Applicant performed as an employee of a recovery agency, financial institution or a vehicle dealer within the 5 years immediately preceding the filing date of this application. Use additional copies of this page as necessary. Copies of paycheck stubs, W2s, 1099s or payroll printouts supporting the work experience indicated below must be submitted with this application. If such documentation is unavailable, attach a separate written statement explaining the unavailability of paycheck stubs, W2s, 1099s or payroll printouts, as well as, a sworn statement from each repossession agency, financial institution, or vehicle dealer for which the Applicant performed actual collateral recovery work for compensation during the 5 years immediately preceding his or her application.

Name of Employer:		Name of Supervisor:	
Business Address:		Phone Number:	
City:		State:	Zip Code:
Job Title:	Hours worked per week:	Dates of Employment (mm/yyyy) : FROM: _____ TO: _____	
Summary of Job Duties:			

Name of Employer:		Name of Supervisor:	
Business Address:		Phone Number:	
City:		State:	Zip Code:
Job Title:	Hours worked per week:	Dates of Employment (mm/yyyy) : FROM: _____ TO: _____	
Summary of Job Duties:			



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Name of Employer:		Name of Supervisor:	
Business Address:		Phone Number:	
City:		State:	Zip Code:
Job Title:	Hours worked per week:	Dates of Employment (mm/yyyy) : FROM: _____ TO: _____	
Summary of Job Duties:			

Name of Employer:		Name of Supervisor:	
Business Address:		Phone Number:	
City:		State:	Zip Code:
Job Title:	Hours worked per week:	Dates of Employment (mm/yyyy) : FROM: _____ TO: _____	
Summary of Job Duties:			

Name of Employer:		Name of Supervisor:	
Business Address:		Phone Number:	
City:		State:	Zip Code:
Job Title:	Hours worked per week:	Dates of Employment (mm/yyyy) : FROM: _____ TO: _____	
Summary of Job Duties:			

Name of Employer:		Name of Supervisor:	
Business Address:		Phone Number:	
City:		State:	Zip Code:
Job Title:	Hours worked per week:	Dates of Employment (mm/yyyy) : FROM: _____ TO: _____	
Summary of Job Duties:			



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Illinois Commerce Commission Fingerprinting Form-RPL

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 \$48.25.
- 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.accuratebiometrics.com for the closest fingerprinting location. For more information contact: Accurate Biometrics at 866-361-9944.
- 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 # _____

Client ID 17118



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**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: _____