

STATE OF NEVADA FINANCIAL INSTITUTIONS DIVISION DEPARTMENT OF BUSINESS AND INDUSTRY ATTN: APPLICATION PROCESSING

1830 College Pkwy, Ste. 100 Carson City, NV 89706

Phone: (775) 684-2970 Fax: (775) 684-2977 http://www.fid.nv.gov

Documents Received On						

Verification of Current Collection Agency Experience

Per NRS 649.196(g) and Senate Bill No. 276, applicants for a manager's certificate must submit proof satisfactory to the Commissioner that the applicant has had not less than 2 years' full-time experience with a collection agency in the collection of accounts or with a financial institution or as a compliance manager. At least 1 year of the 2 years of experience must have been within the 18-month period preceding the date of filing the application.

This section to be completed by the	applicant.		
Full Name (Last Name, First Name MI)			
Company Name			
Address			Phone Number
City	St. t	Zip Code	
City	State	Zip Code	
This Section to be completed by the	Current Employer		
Date Hire Present Position			
Duties			
A 41 ' 16' 4			
Authorized Signature			
Type/Print Name of Signer		Title of Signer	
Signature of Employer		 Date	



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Verification of Previous Collection Agency Experience

Per NRS 649.196(g) and Senate Bill No. 276, applicants for a manager's certificate must submit proof satisfactory to the Commissioner that the applicant has had not less than 2 years' full-time experience with a collection agency in the collection of accounts or with a financial institution or as a compliance manager. At least 1 year of the 2 years of experience must have been within the 18-month period preceding the date of filing the application.

This section to be completed by th	e applicant.			
Full Name (Last Name, First Name MI)				
Company Name				
Address		Phone Number		
		Those (value)		
City	State	Zip Code		
	·			
This Section to be completed by P.	revious Employer			
Date Hire Date Terminated	Position Held			
Duties				
Authorized Signature				
Type/Print Name of Signer		Title of Signer		
Signature of Employer		Date		