



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) Applicant for 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 assigned by creditors who were not affiliated with the collection agency except as assignors of accounts. 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

Phone Number

Address

State

Zip Code

City

**This Section to be completed by the Current Employer**

Date Hire

Present Position

Duties

**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) Applicant for 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 assigned by creditors who were not affiliated with the collection agency except as assignors of accounts. 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

City

State

Zip Code

Phone Number

### This Section to be completed by Previous Employer

Date Hire

Date Terminated

Position Held

Duties

### Authorized Signature

\_\_\_\_\_  
Type/Print Name of Signer

\_\_\_\_\_  
Title of Signer

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date