**RESIDENTIAL REAL ESTATE PROPERTY PRESERVATION LICENSE APPLICATION**

**STATE OF MAINE**

**BUREAU OF CONSUMER CREDIT PROTECTION**

**35 STATE HOUSE STATION**

**AUGUSTA, MAINE 04333-0035**

**TEL: (207)624-8527**

**FAX: (207)582-7699**

***FOR OFFICE USE ONLY***

DATE NOTIFICATION REC’D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT FEE REC’D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CASH [ ] CC [ ] CHECK [ ]

CHECK NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHECKED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATA ENTRY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with the provisions of 32 M.R.S.A., §11001 *et seq*.,

the *Maine Fair Debt Collection Practices Act*, and Rule 02-030-300,

*Collection Agencies: Application and Record Keeping Require-*

*ments*, application is hereby made for a License as a

Debt Collector.

1. **FULL TRADE NAME (including d/b/a)**:

1. **PHYSICAL ADDRESS OF LOCATION TO BE LICENSED:**

1. **MAILING ADDRESS OF LOCATION TO BE LICENSED:**

1. **TELEPHONE**:
2. **FAX**:
3. **EMAIL**:
4. **ADDRESS OF HOME OFFICE**:

* 1. **TELEPHONE**:
1. **If the applicant is a sole proprietor or a partnership, complete the following items:**

 **DATE & PLACE RESIDENCE SOCIAL**

 **NAME OF BIRTH ADDRESS SECURITY #**

**a.** [ ]  Proprietor:

**OR**

**b**. [ ]  Partners:

**c.** Each person listed in (a) or (b) must submit with the application a “Consumer Report.” You may obtain the report from a national credit reporting agency (e.g., Experian, Trans Union or Equifax).

**d.** For sole proprietors who have adopted a trade name, complete the enclosed Certificate of Sole Proprietorship Form.

1. **If the applicant is a corporation or a limited liability company, or a limited partnership complete the following items**:

 **OFFICERS/MEMBERS DATE & PLACE RESIDENCE PERCENTAGE OF**

 **(TITLE) NAME OF BIRTH ADDRESS STOCK OR OWNERSHIP**

**a.** Officers or Members:

**b.** Federal I.D. Number:

**c.** Date incorporated or organized\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ under the laws of the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**d.** Include a certified copy of the charter and by-laws or certificate of formation and membership agreement.

**e.** If a foreign corporation, foreign limited liability company or foreign limited partnership:

**(1)** Provide proof of filing with the office of Maine Secretary of State as a foreign corporation, L.L.C. or L.P.

**(2)** Name and Address of Designated Agent upon whom service of process may be made in this State:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(3)** Include a duly executed Power of Attorney using the form supplied with the application.

1. **List the names and addresses of all banks with which the applicant has done business during the past five years**:

1. **Has any individual listed under 8 or 9 been convicted in any state or federal court of the crime of forgery, fraud, obtaining money under false pretense, embezzlement, extortion, larceny, burglary, breaking and entering, robbery, criminal conspiracy to defraud, or bribery**?

[ ]  YES [ ]  NO

If answered “YES,” furnish details on separate sheet and attach to application.

1. **Fingerprint cards must be filled out for the 3 top officers, members or individuals listed in 8(a), 8(b) or 9(a). A local police station can perform this service**.
2. **Has the applicant, its parent or any affiliate ever had its debt collection, repossession, or residential real estate property preservation license in any State suspended or revoked**?

[ ]  YES [ ]  NO

If answered “YES,” state on separate sheet the date of the suspension or revocation, the State in which it occurred, the reason for the action taken and the name and address of the regulatory agency involved.

1. **Attach to the application a financial statement prepared by an accountant consisting of a Review Report** **or Audited Report, which demonstrates a tangible net worth of at least $10,000**.

**NOTE**: A Review Report is more detailed than a “Compilation Report,” but less involved than a fully audited (unqualified opinion) report. In a Review Report, the CPA performs sufficient inquiries and analyses to enable him or her to express limited assurances that the statement complies with generally accepted accounting principles.

The Office requires Review Reports or Audited Reports of the specific entity requesting licensure, rather than accepting net worth statements from either parent corporations or subsidiaries.

**Please be sure that the *complete* Review Report or Audited Report (cover to cover with all pages, including accountant’s notes) is submitted with the application.**

1. **Prepare on a separate sheet and attach to the application a résumé of previous business experience of the applicant or person who will be actively in charge of the licensed office, indicating previous experience or qualifications that bear on the issue of competency in operating a residential real estate property preservation business.**
2. **List all States in which the applicant is already licensed as a debt collector, repossession company, or residential real estate property preservation provider:**

1. **Include a statement describing the exact nature of the proposed operations (*e.g.*, letter writing service, full-service collections, repossessions, bad check recovery, etc.).**
2. **Please provide 1) a sample inventory list; 2) a sample report of property inspection; and 3) a sample report to a lender or servicer describing property preservation services provided.**
3. **Will you be entering into a written contract with clients? If so, please include a sample with your application.**
4. **Please list the names and addresses of all individuals who will actually perform residential real estate property preservation services activities in this state:**

1. **Provide a completed bond form, in the amount required as determined by Rule 300, §1(E).**
2. **For applicants seeking to maintain their books and records outside of the State of Maine, please include on a separate sheet a statement from an officer of the applicant indicating the applicant’s willingness to produce those books and records upon request, pursuant to the requirements of our agency’s Rule 300, §2(B)**.
3. **Include the name, title, address, telephone number, and email address of the person to contact for the scheduling of routine compliance examinations**:

1. **Include the name, title, address, and telephone number of the person to contact if our office receives consumer complaints regarding the activities of your company:**

1. **LIMITED PURPOSE: I acknowledge that this application is for a residential real estate property preservation services provider license only, and that the license, if granted, will not entitle the applicant to collect funds from consumers on behalf of clients (initial here: ).**
2. **Include a check, made payable to “Treasurer, State of Maine” in the amount of $400.00**.

**\* \* \* \* \* \* \* \* \* \***

##### Notice regarding Public Information

**This application is a public record for purposes of Maine’s Freedom of Access Law, 1 MRSA § 401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number, fingerprint cards, residential addresses of officers and applicants’ credit reports) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your company’s name, license number, mailing address and other information listed on this application may be posted on the State’s website**.

**\* \* \* \* \* \* \* \* \* \***

**Maine law [5 M.R.S.A. §130 (1991)] requires assessment of $20.00 for any check returned by your bank for insufficient funds.**

**\* \* \* \* \* \* \* \* \* \***

(If a Corporation, affix

corporate seal here)

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### County

of: , ss. , 200\_\_\_\_\_

 Personally appeared the above-named and made oath to the truth of the statements subscribed,

 Before me,

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public/Justice of the Peace

PLEASE MAIL YOUR APPLICATION ADDRESSED AS FOLLOWS:

REGULAR MAIL:

BUREAU OF CONSUMER CREDIT PROTECTION

35 STATE HOUSE STATION

AUGUSTA, ME 04333-0035

EXPRESS/OVERNIGHT MAIL:

BUREAU OF CONSUMER CREDIT PROTECTION

76 NORTHERN AVENUE

GARDINER, ME 04345