



RECEIVABLES MANAGEMENT CERTIFICATION PROGRAM

CERTIFIED RECEIVABLES BROKER (CRB) APPLICATION

Instructions: Please take your time in filling out this application and print legibly. This application should be completed by the Chief Compliance Officer of the Applicant or an owner or corporate officer of the Applicant. RMA recommends that all acknowledgements be confirmed by visual confirmation or appropriate sampling of accounts, where appropriate, to ensure that Applicant's responses are complete and accurate.

Date: _____

Type of Application: First-Time Application Renewal Application

Broker Information

1. Legal name of Applicant: _____

2. Physical Address of Headquarters: _____

3. Mailing Address (if different from physical address): _____

4. Main Business Telephone Number: _____

5. Web Site Address (if website is maintained): _____

6. Legal status of Applicant: Public Corporation Private Corporation Partnership
 Sole Proprietorship Other _____

7. IRS Employer Identification Number (EIN): _____

8. Applicant's Broker Certification Number (if renewing): _____

9. Is Applicant a member of RMA? Yes No

10. Number of Employees: _____

11. List the asset classes the Applicant specializes in:

- | | | |
|--|---|--|
| <input type="checkbox"/> Auto | <input type="checkbox"/> Government Debt | <input type="checkbox"/> Student Loan |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Insurance | <input type="checkbox"/> Tax Lien |
| <input type="checkbox"/> Checking | <input type="checkbox"/> Judgment | <input type="checkbox"/> Telecommunication |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Marketplace Online Lending | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Consumer Loan | <input type="checkbox"/> Medical | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Credit Card | <input type="checkbox"/> Mortgage | _____ |
| <input type="checkbox"/> Equipment Leasing | <input type="checkbox"/> Payday Loan | _____ |

12. List the geographic focus of Applicant's operations:

- | | | | | | |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> All States & Territories | <input type="checkbox"/> AK | <input type="checkbox"/> HI | <input type="checkbox"/> MI | <input type="checkbox"/> NV | <input type="checkbox"/> TX |
| | <input type="checkbox"/> AL | <input type="checkbox"/> IA | <input type="checkbox"/> MN | <input type="checkbox"/> NY | <input type="checkbox"/> UT |
| | <input type="checkbox"/> AR | <input type="checkbox"/> ID | <input type="checkbox"/> MO | <input type="checkbox"/> OH | <input type="checkbox"/> VA |
| | <input type="checkbox"/> AZ | <input type="checkbox"/> IL | <input type="checkbox"/> MS | <input type="checkbox"/> OK | <input type="checkbox"/> VT |
| | <input type="checkbox"/> CA | <input type="checkbox"/> IN | <input type="checkbox"/> MT | <input type="checkbox"/> OR | <input type="checkbox"/> WA |
| | <input type="checkbox"/> CO | <input type="checkbox"/> KS | <input type="checkbox"/> NC | <input type="checkbox"/> PA | <input type="checkbox"/> WI |
| | <input type="checkbox"/> CT | <input type="checkbox"/> KY | <input type="checkbox"/> ND | <input type="checkbox"/> PR | <input type="checkbox"/> WV |
| | <input type="checkbox"/> DC | <input type="checkbox"/> LA | <input type="checkbox"/> NE | <input type="checkbox"/> RI | <input type="checkbox"/> WY |
| | <input type="checkbox"/> DE | <input type="checkbox"/> MA | <input type="checkbox"/> NH | <input type="checkbox"/> SC | |
| | <input type="checkbox"/> FL | <input type="checkbox"/> MD | <input type="checkbox"/> NJ | <input type="checkbox"/> SD | |
| | <input type="checkbox"/> GA | <input type="checkbox"/> ME | <input type="checkbox"/> NM | <input type="checkbox"/> TN | |

Chief Compliance Officer Information

13. Name of Chief Compliance Officer (CCO): _____

14. If CCO goes by different title, please provide: _____

15. Is your CCO certified by RMA as a "Certified Receivables Compliance Professional"?

- Yes No

15a. If "yes" to question 20, please provide the CCO's certification number: _____

16. Please indicate the date the CCO started serving in this capacity: _____

17. CCO's Broker Issued Telephone Number: _____

18. CCO's Broker Issued Email Address: _____

Acknowledgements

I, _____ (insert name of Applicant signatory), the legal representative of Applicant, hereby certify and agree to each of the following statements by affixing my initials next to said statements:

19. _____ I have the legal capacity to answer the questions on this application and thereby bind the Applicant by my responses.

20. _____ I have read and understood this application and the Receivables Management Certification Program [Governance Document](#) and by my signature below agree to bind the Applicant to its terms.

21. _____ Applicant has completed the Certification Standards Self-Audit Checklist (see below) and has determined that it is in conformity with the Certification Standards and agrees to maintain conformity with the Certification Standards, as may be amended from time-to-time.

22. _____ Applicant has read and understands the audit procedures as contained in the Governance Document and agrees to comply with such procedures, as may be amended from time-to-time.

23. _____ Applicant has read and understands the remediation procedures as contained in the Governance Document and agrees to comply with such procedures, as may be amended from time-to-time.

24. _____ (**Renewing Applicants only**) Applicant does not have any unresolved certification deficiencies.

25. _____ (**Renewing Applicants who are under the terms of a Remediation Agreement only**) Applicant is in compliance with the terms of any current Remediation Agreement between Applicant and RMA

26. _____ Applicant has never been expelled from the Certification Program.

27. _____ Applicant understands that it must reapply for certification every two (2) years prior to the expiration of the current certification. If Applicant fails to reapply, it will lose its certification and membership (if applicable) in RMA

28. _____ Applicant will hold RMA, its agents, directors, council members, staff, and/or auditors harmless from any claim of damage or loss as a result of Applicant's failure to achieve or maintain certification.

29. _____ Applicant understands that RMA's Receivables Management Certification Program is a voluntary program and failing to be certified does not preclude an individual or company from operating as a broker.

30. _____ Applicant will not prosecute the Auditor for trespassing or for any crime associated with verifying the Certification Standards.

31. _____ Applicant understands that at any time during the application, audit process, or associated with a Remediation Agreement, the Council, its agents, and/or the auditors may investigate or require additional information or documentation from the Applicant in order to verify information on this application, an audit, or Remediation Agreement. Applicant agrees to cooperate and provide such information and documentation upon request.

32. _____ Applicant, including all of its employees and agents will refrain from any false or misleading claims, suggestions, or references regarding certification, including but not limited to such claims used in advertising produced in advance and/or in anticipation of certification at some future date.

33. _____ Applicant will notify RMA in writing within thirty (30) days of any material change that occurs that would make any information provided on this application inaccurate.

34. _____ Pursuant to Section 7.8 of the Governance Document, Applicant agrees to abide with the following conditions for the use of Certification Program logos:

RMA grants a nonexclusive license to certified companies to display RMA issued and approved Certification Program logos on broker websites, broker letterhead, electronic communications, and promotional materials provided that the broker's certification status remains in good standing. No property rights, trademark, or other intellectual property interests of RMA are transferred to certified brokers. Certified brokers are expressly prohibited from creating their own Certification Program logos, altering the RMA issued and approved logos, using discontinued RMA logos, assigning the use of RMA logos to any other party, and using RMA logos on contracts or any other binding legal documents.

Certification Standards Self-Audit Checklist

When completing the Certification Standards Self-Audit Checklist, please review the [Certification Standards](#). Applicant should not submit an application unless it believes it is in conformity with each Certification Standard and will pass a Compliance Audit.

Please initial next to each applicable Certification Standard once the Applicant has confirmed that it conforms to the standards:

_____ Chief Compliance Officer (Standard 1)

Note for first-time applicants: The Chief Compliance Officer must have received their Individual Certification prior to the submittal of this application.

_____ Criminal Background Checks (Standard 2)

_____ Employee Training Programs (Standard 3)

_____ Insurance (Standard 4)

Note: Please include proof of insurance with your application.

_____ Data Security (Standard 5)

_____ Affidavits (Standard 6)

_____ Vendor Management (Standard 7)

_____ Broker Agreements (Standard 8)

_____ Multiple Listings (Standard 9)

_____ Due Diligence (Standard 10)

_____ Prior Experience (Standard 11)

_____ Seller Requirements (Standard 12)

_____ Purchaser Requirements (Standard 13)
_____ Title (Standard 14)

Upon confirming the Applicant conforms to the above Certification Standards, please initial adjacent to question 21 above.

Background Report Authorizations

RMA requires that each owner (inclusive of shareholders, partners, principals, members, etc.) with a five (5) percent or greater share of ownership and each corporate officer of an Applicant authorize RMA to obtain a civil and criminal background report on them as part of RMA due diligence.

I authorize RMA to obtain a civil and criminal background report on me that contains data compiled by a nationally or internationally recognized commercial service. The report will remain confidential and used by RMA staff and the Certification Council's Administrative and Budget Committee solely for the purpose of determining compliance with the Certification Program's Governance Document. I agree to cooperate with RMA staff if clarification is required on items contained in the report:

First Name: _____ Middle Name: _____ Last Name: _____
Job Title: _____ Date of Birth: _____
Home Address: _____
Email: _____ Signature: _____

First Name: _____ Middle Name: _____ Last Name: _____
Job Title: _____ Date of Birth: _____
Home Address: _____
Email: _____ Signature: _____

First Name: _____ Middle Name: _____ Last Name: _____
Job Title: _____ Date of Birth: _____
Home Address: _____
Email: _____ Signature: _____

First Name: _____ Middle Name: _____ Last Name: _____
Job Title: _____ Date of Birth: _____
Home Address: _____
Email: _____ Signature: _____

First Name: _____ Middle Name: _____ Last Name: _____
Job Title: _____ Date of Birth: _____
Home Address: _____
Email: _____ Signature: _____

Please attach any additional authorizations after the last page of the application.

References (non-RMA member applicants only)

A non-RMA member Applicant must provide two (2) professional references from RMA certified companies that Applicant has contracted with to broker the purchase or sale of receivables in the prior twelve (12) months. If Applicant cannot provide the aforementioned references, Applicant shall provide five (5) professional references that can attest to Applicant's character and knowledge of the collection industry. The granting of certification shall be partially based on the results of the interviews with Applicant's references.

Reference # 1

Company Name: _____ Contact Telephone Number: _____
Contact Name: _____ Contact Email Address: _____

Reference # 2

Company Name: _____ Contact Telephone Number: _____
Contact Name: _____ Contact Email Address: _____

Reference # 3 (may not be required – see above)

Company Name: _____ Contact Telephone Number: _____
Contact Name: _____ Contact Email Address: _____

Reference # 4 (may not be required – see above)

Company Name: _____ Contact Telephone Number: _____
Contact Name: _____ Contact Email Address: _____

Reference # 5 (may not be required – see above)

Company Name: _____ Contact Telephone Number: _____
Contact Name: _____ Contact Email Address: _____

Signature

I, _____ as the authorized representative of the Applicant hereby certify that all of the information I have provided herein is true and complete to the best of my knowledge. I understand that any misrepresentation of information included on this form or in this process is grounds for revocation of our certification. I authorize verification of this information and release all concerned from any liability in connection therewith. Applicant hereby applies to RMA to be certified as a "Certified Receivables Broker" and agrees to abide by the rules and procedures established by RMA in the administration of the Certification Program.

Full Name of Applicant: _____

Full Name of Authorized Representative: _____

Signature of Authorized Representative: _____

Date of Signature: _____

Application Fees

\$ _____ **Application Fee** Add \$1,250 for RMA member/\$1,800 for non-RMA member
+ \$ _____ **Administrative Fee** Add \$100 for first-time applicant
= \$ _____ **TOTAL**

Billing Information:

Visa MasterCard AMEX Check Enclosed

Credit Card Number: _____

CVC Code: _____ Exp. Date: _____ Amount Due: _____

Signature of Card Holder: _____

Billing Address (if different from above): _____

Mail or email the completed application with any required attachments and required fees to:

RMA
Receivables Management Certification Program
1050 Fulton Avenue, Suite 120
Sacramento, CA 95825
cert@dbainternational.org

If you have any questions concerning the application contact the RMA office by phone at 916-482-2462 or email cert@rmassociation.org.

Confidentiality of Information. Information submitted as part of the Certification Program shall be kept confidential and used for the limited purpose of determining eligibility for certification, compliance with certification, or as provided in section 11.6 of the Certification Program.