



NON-AUTHORIZED AUDIT PROVIDER ATTESTATION

RMA Certification Audit Committee:

I, _____ as the “authorized representative” of _____
(hereinafter referred to as “Audit Provider”) attests to the following:

- (1) Audit Provider has been contacted by _____, a RMA certified company (hereinafter referred to as “Certified Company”) to perform an independent third party Full Compliance Audit as required by the Receivables Management Certification Program (hereinafter referred to as “Certification Program”);
- (2) Audit Provider has reviewed the Certification Program, including Appendices A & B and the Audit Review Manual (Appendix E), and declare that Audit Provider has the professional background, subject matter experience, and capabilities to perform the Full Compliance Audit;
- (3) Audit Provider, Audit Provider’s principals, and the field auditors performing the Full Compliance Audit are not employed or have any financial or ownership interest in a debt buying company, a collection law firm, a third party collection agency, or a receivables broker;
- (4) Audit Provider has no conflicts which would compromise an objective evaluation of the Certified Company (i.e. business relationship, family relationship, pre-RMA audit preparation services, etc.). This requirement applies whether the conflict involves the principals, the auditor(s), and/or spouses of principals and/or auditor(s);
- (5) Audit Provider agrees that during on-site visits it will have at least one field auditor present who has three (3) or more years of experience in performing compliance audits or assessments;
- (6) Audit Provider has the ability to perform an on-site compliance audit of the Certified Company, complete all required documentation, and transmit to RMA the audit results within two (2) months from the completion date of the audit (provided that the company’s records are in order);
- (7) Audit Provider will clearly state in the contract with Certified Company for the Full Compliance Audit that the findings will be provided by Audit Provider directly and contemporaneously to both Certified Company and RMA;
- (8) Audit Provider has contacted RMA to request a copy of the “Certification Audit Report Template,” has reviewed the template, and agrees to follow said template;

- (9) Audit Provider has attached a curriculum vitae of the lead auditor that will be used on Certified Company's Full Compliance Audit **and** a brochure or document describing the firm, its services, and the experience of its auditors (in place of a brochure or document, Audit Provider is using the content on its website located at _____; and
- (10) Audit Provider will make itself available to discuss the results of the Full Compliance Audit with the Certification Audit Committee by phone should a request be made.

Audit Provider hereby certifies that all of the information provided herein is true and complete to the best of its knowledge.

Full Name of Authorized Representative: _____

Signature of Authorized Representative: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Date of Signature: _____

Mail or email the completed form to:

Receivables Management Association International
Receivables Management Certification Program
1050 Fulton Avenue, Suite 120
Sacramento, CA 95825
cert@rmassociation.org

RMA continues to welcome requests from qualified auditing firms interested in becoming a RMA "Authorized" Audit Provider. More information on this opportunity can be found on the RMA website at <http://www.rmassociation.org/certification/authorized-audit-providers/>.

****RMA staff****

Date of Audit Committee Review _____ Approved Denied Communicate Committee Decision