



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 International 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 International? [ ] 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:

**United States**

- |  |                             |                             |                             |                             |                             |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> All States &<br>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 |                             |

**Canada**

- |   |                             |                             |                             |
|---|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> All Provinces<br>& Territories | <input type="checkbox"/> AB | <input type="checkbox"/> NS | <input type="checkbox"/> QC |
|   | <input type="checkbox"/> BC | <input type="checkbox"/> NT | <input type="checkbox"/> SK |
|   | <input type="checkbox"/> MB | <input type="checkbox"/> NU | <input type="checkbox"/> YT |
|   | <input type="checkbox"/> NB | <input type="checkbox"/> ON |                             |
|   | <input type="checkbox"/> NL | <input type="checkbox"/> PE |                             |

## Chief Compliance Officer Information

13. Name of Chief Compliance Officer (CCO): \_\_\_\_\_

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

15. Is your CCO individually certified by RMA International?  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: \_\_\_\_\_

## Program 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 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.

22. \_\_\_\_\_ (**Renewing Applicants only**) Applicant does not have any unresolved certification deficiencies.

23. \_\_\_\_\_ (**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 International.

24. \_\_\_\_\_ Applicant has never been expelled from the Certification Program.

25. \_\_\_\_\_ **\*\*NEW IN VERSION 6.0 – CERTIFICATION PERIOD EXTENDED TO THREE YEARS\*\*** Applicant understands that it must reapply for certification every three (3) years prior to the expiration of the current certification. If Applicant fails to reapply, its certification will automatically be terminated.

26. \_\_\_\_\_ Applicant will hold RMA International, 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.

27. \_\_\_\_\_ Applicant understands that RMA International'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.

28. \_\_\_\_\_ Applicant will not prosecute the Auditor for trespassing or for any crime associated with verifying the Certification Standards.

29. \_\_\_\_\_ 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.

30. \_\_\_\_\_ 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.

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

32. \_\_\_\_\_ 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 International grants a nonexclusive license to certified companies to display RMA International 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 International are transferred to certified brokers. Certified brokers are expressly prohibited from creating their own Certification Program logos, altering the RMA International issued and approved logos, using discontinued RMA International logos, assigning the use of RMA International logos to any other party, and using RMA International logos on contracts or any other binding legal documents.

## Audit Acknowledgments

33. \_\_\_\_\_ 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. Applicant further understands that a future audit will confirm the veracity of this acknowledgment.

34. \_\_\_\_\_ 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.

35. \_\_\_\_\_ **\*\*NEW IN VERSION 6.0 – CHANGE IN TIMING OF AUDIT\*\*** Applicant understands that it must contract with an RMA International Authorized Audit Provider (except as provided in section 8.4(E)

of the Governance Document) to have a Full Compliance Audit performed at the midpoint of its 36 month certification period (16<sup>th</sup> to the 20<sup>th</sup> month after the company's certification date). [Note: A two month extension may be granted by the Audit Committee.]

36. \_\_\_\_\_ Applicant understands, pursuant to section 8.4(B) of the Governance Document, that failure to have a Full Compliance Audit performed in the time period outlined in question 40 above will result in the suspension of Applicant's certification until such time that the audit is performed.

## 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)

\_\_\_\_\_ Vendor Management (Standard 6)

\_\_\_\_\_ Broker Agreements (Standard 7)

\_\_\_\_\_ Multiple Listings (Standard 8)

\_\_\_\_\_ Due Diligence (Standard 9)

\_\_\_\_\_ Misrepresentation of Accounts (Standard 10)

\_\_\_\_\_ Seller Requirements (Standard 11)

\_\_\_\_\_ Purchaser Requirements (Standard 12)

\_\_\_\_\_ Title (Standard 13)

Upon confirming the Applicant conforms to the above Certification Standards, please initial adjacent to question 33 above.

## Background Report Authorizations

RMA International 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 International to obtain a civil and criminal background report on them as part of RMA International due diligence.

I authorize RMA International 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 International 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 International 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 International member applicants only)

A non-RMA International member Applicant must provide two (2) professional references from RMA International 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 International to be certified as a “Certified Receivables Broker” and agrees to abide by the rules and procedures established by RMA International 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**

\$ \_\_\_\_\_ **3-Year Application Fee** Add \$1,800 USD for RMA International member/\$2,600 USD  
for non-RMA International member  
+ \$ \_\_\_\_\_ **Administrative Fee** Add \$100 USD 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:**

Receivables Management Association International  
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 International office by phone at 916-482-2462 or email [cert@rmassociation.org](mailto: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.