



RECEIVABLES MANAGEMENT CERTIFICATION PROGRAM

UNITED STATES CERTIFIED PROFESSIONAL RECEIVABLES COMPANY (CPRC) 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. RMA recommends that all acknowledgments 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 [ ] Amended Application

\*Law firms should consult the rules in their states of practice to determine if there are any limitations on holding the firm out to the public as a Certified Company.

\*\*Inclusive of "family of companies" if Applicant answered "yes" to question 11.

Company Information

1. Legal name of Applicant: \_\_\_\_\_

2. Type of Company: [ ] Debt Buying [ ] Debt Buying & Third-Party Collection Agency [ ] Law Firm \* [ ] Third-Party Collection Agency [ ] Creditor

3. Physical Address of Headquarters: \_\_\_\_\_

4. Mailing Address (if different from physical address): \_\_\_\_\_

5. Main Business Telephone Number: \_\_\_\_\_

6. Web Site Address: \_\_\_\_\_

7. Legal status of Applicant: [ ] Public Corporation [ ] Private Corporation [ ] Partnership [ ] Sole Proprietorship [ ] Other \_\_\_\_\_

8. IRS Employer Identification Number (EIN): \_\_\_\_\_

9. Applicant's Company Certification Number (if renewing): \_\_\_\_\_

10. Is Applicant a member of RMA?  Yes  No

11. Does Applicant wish to certify a "family of companies" as that term is defined in section 7.4 of the Certification Program?  Yes  No

11a. If "yes" to question 11 please list each company that will share certification with the Applicant and their IRS Employer Identification Number (EIN):

**(1) Name:** \_\_\_\_\_ **EIN:** \_\_\_\_\_

Type of Company:  Debt Buying  Debt Buying & Third-Party Collection Agency  Law Firm\*  
 Third-Party Collection Agency  Creditor

Physical Address (if different from Applicant Company): \_\_\_\_\_

Web Site Address (only required if company name is used in consumer communications): \_\_\_\_\_

**(2) Name:** \_\_\_\_\_ **EIN:** \_\_\_\_\_

Type of Company:  Debt Buying  Debt Buying & Third-Party Collection Agency  Law Firm\*  
 Third-Party Collection Agency  Creditor

Physical Address (if different from Applicant Company): \_\_\_\_\_

Web Site Address (only required if company name is used in consumer communications): \_\_\_\_\_

**(3) Name:** \_\_\_\_\_ **EIN:** \_\_\_\_\_

Type of Company:  Debt Buying  Debt Buying & Third-Party Collection Agency  Law Firm\*  
 Third-Party Collection Agency  Creditor

Physical Address (if different from Applicant Company): \_\_\_\_\_

Web Site Address (only required if company name is used in consumer communications): \_\_\_\_\_

**(4) Name:** \_\_\_\_\_ **EIN:** \_\_\_\_\_

Type of Company:  Debt Buying  Debt Buying & Third-Party Collection Agency  Law Firm\*  
 Third-Party Collection Agency  Creditor

Physical Address (if different from Applicant Company): \_\_\_\_\_

Web Site Address (only required if company name is used in consumer communications): \_\_\_\_\_

*Please attach any additional companies after the last page of the application.*

12. Is Applicant's\*\* annual receipts resulting from consumer debt collection:

- More than \$10 million     \$2 million to \$10 million     Less than \$2 million

13. Number of Employees\*\* : \_\_\_\_\_

14. Does Applicant\*\* perform in-house collections?     Yes     No

15. 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                | _____                                      |

16. 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 |                             |

17. Estimate the number of defaulted consumer accounts Applicant\*\* had in an active collection status for the prior three calendar years (***the data will be compiled with data from other companies for industry-wide demographic purposes – individual company data will remain confidential – law firms are exempt from this question***):

2015: \_\_\_\_\_  
2016: \_\_\_\_\_  
2017: \_\_\_\_\_

## Chief Compliance Officer Information

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

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

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

Yes       No

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

21. Please indicate the date the CCO started serving in this capacity: \_\_\_\_\_

22. CCO's Company Issued Telephone Number: \_\_\_\_\_

23. CCO's Company Issued Email Address: \_\_\_\_\_

## Program Acknowledgments

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:

24. \_\_\_\_\_ I have the legal capacity to answer the questions on this application and thereby bind the Applicant (including any "family of companies" listed in question 11a) by my responses.

25. \_\_\_\_\_ 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 (including any "family of companies" listed in question 11a) to its terms.

26. \_\_\_\_\_ 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.

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

28. \_\_\_\_\_ **(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.

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

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

31. \_\_\_\_\_ 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.
32. \_\_\_\_\_ 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 unless state or federal law provides otherwise.
33. \_\_\_\_\_ Applicant will not prosecute the Auditor for trespassing or for any crime associated with verifying the Certification Standards.
34. \_\_\_\_\_ 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.
35. \_\_\_\_\_ 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.
36. \_\_\_\_\_ 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.
37. \_\_\_\_\_ 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 company websites, company letterhead, electronic communications, and promotional materials, provided that the company's certification status remains in good standing. No property rights, trademark, or other intellectual property interests of RMA are transferred to certified companies. Certified companies 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, purchase agreements, or any other binding legal documents.

## Audit Acknowledgments

38. \_\_\_\_\_ 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.
39. \_\_\_\_\_ 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.

40. \_\_\_\_\_ **\*\*NEW IN VERSION 6.0 – CHANGE IN TIMING OF AUDIT\*\*** Applicant understands that it must contract with an RMA 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.]

41. \_\_\_\_\_ 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:**

Note: If a debt buying company exclusively contracts with third party vendors for collection on its accounts (i.e. performs no in-house collections), the Applicant shall still initial next to Certification Standards 4, 5, 6, 9, and 17 but the Applicant’s conformity with those standards will be based on its compliance with Certification Standard 15 on vendor management.

### Series A (all applicants)

- \_\_\_\_\_ Laws & Regulations (Standard 1)
- \_\_\_\_\_ Errors & Omissions Insurance (Standard 2)  
*Note: Please include proof of insurance with your application.*
- \_\_\_\_\_ Criminal Background Check (Standard 3)
- \_\_\_\_\_ Employee Training Programs (Standard 4)
- \_\_\_\_\_ Consumer Complaint & Dispute Resolution Policies (Standard 5)
- \_\_\_\_\_ Consumer Notices (Standard 6)
- \_\_\_\_\_ Data Security Policy (Standard 7)
- \_\_\_\_\_ CFPB Consumer Complaint System (Standard 8)
- \_\_\_\_\_ Payment Processing (Standard 9)
- \_\_\_\_\_ State Licensing Requirements (Standard 10)
- \_\_\_\_\_ Credit Bureau Reporting (Standard 11)
- \_\_\_\_\_ Statute of Limitations (Standard 12)
- \_\_\_\_\_ Chief Compliance Officer (Standard 13)  
*Note for first-time applicants: The Chief Compliance Officer must have received their Individual Certification prior to the submittal of this application.*
- \_\_\_\_\_ Website & Publication (Standard 14)  
*Note: Applicant must have the following completed prior to the submittal of this application: (1) a publicly accessible website that can be found by a simple web search using their corporate name, (2) contact information must be displayed on the website, and (3) the link to the RMA “consumer education” page must be added to the website.*
- \_\_\_\_\_ Vendor Management (Standard 15)
- \_\_\_\_\_ Affidavits (Standard 16)
- \_\_\_\_\_ Commissions (Standard 17)
- \_\_\_\_\_ Natural Disasters (Standard 18)

### Series B (debt buying company & creditor applicants only)

- \_\_\_\_\_ Purchase & Sale Documentation Requirements (Standard 19)
- \_\_\_\_\_ Representations & Warranties (Standard 20)

- \_\_\_\_\_ Due Diligence (Standard 21)
- \_\_\_\_\_ Sale Restrictions (Standard 22)

**Series C (collection law firm applicants only)**

- \_\_\_\_\_ Bar Admission (Standard 23)
- \_\_\_\_\_ Legal Education (Standard 24)
- \_\_\_\_\_ Legal Malpractice Insurance (Standard 25)
- \_\_\_\_\_ Trust Accounts (Standard 26)
- \_\_\_\_\_ Meaningful Attorney Involvement (Standard 27)
- \_\_\_\_\_ Judgment Retention (Standard 28)
- \_\_\_\_\_ Consumer & Regulatory Complaints (Standard 29)

**Series D (third party collection agency applicants only)**

- \_\_\_\_\_ Bonding (Standard 30)
- \_\_\_\_\_ Trust Accounts (Standard 31)
- \_\_\_\_\_ Client Inquiries (Standard 32)
- \_\_\_\_\_ Consumer & Regulatory Complaints (Standard 33)
- \_\_\_\_\_ Cessation of Collections (Standard 34)
- \_\_\_\_\_ Account Recalls (Standard 35)

Upon confirming the Applicant conforms to the above Certification Standards, please initial adjacent to question 38 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 Company authorize RMA to obtain a civil and criminal background report on them as part of RMA's 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: \_\_\_\_\_ Tel. Number: \_\_\_\_\_

Signature: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ Tel. Number: \_\_\_\_\_

Signature: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Tel. Number: \_\_\_\_\_  
Signature: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Tel. Number: \_\_\_\_\_  
Signature: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Tel. Number: \_\_\_\_\_  
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 for the purchase or sale of receivables or for the performance of collection related services 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 Professional Receivables Company” and agrees to abide by the rules and procedures established by RMA in the administration of the Certification Program.

Full Name of Applicant Company: \_\_\_\_\_

Full Name of Authorized Representative: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**Application Fees**

\$ \_\_\_\_\_ **3-Year Application Fee** Add \$1,800 for RMA member/\$2,600 for non-RMA member  
+ \$ \_\_\_\_\_ **Administrative Fee** Add \$100 for first-time applicant  
+ \$ \_\_\_\_\_ **Family of Companies Fee** Add \$100 for each additional company listed in question 11a that will share certification with the primary 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): \_\_\_\_\_

**SMALL BUSINESS FLEXIBLE PAYMENT PLAN** *(optional)*

If your company has less than \$2 million in annual receipts resulting from consumer debt collection and you are paying by credit card, you are eligible to divide your application fees into four (4) equal monthly payments.

I wish to participate in the Small Business Flexible Payment Plan. Please divide my application fees into four equal payments to be charged to my credit card in four consecutive months upon approval of my application. Charges will be applied between the 1<sup>st</sup> and 10<sup>th</sup> days of each month until the total amount of the application fee has been achieved unless otherwise directed in writing. Charges will be in equal amounts unless the total amount of the payment is not divisible by the monthly payments in which case the final monthly charge will reflect the remaining balance.

**AUTHORIZATION**

I hereby authorize RMA to charge my credit card based on the terms and information contained in this Small Business Flexible Payment Plan. I agree that I will contact RMA in writing should I wish to change my payment methodology.

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

If you have any questions concerning the application contact the RMA 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.