



Bureau of Professional Licensing
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COLLECTION AGENCY MANAGER LICENSE APPLICATION
(This Form Should Not Be Used For License Renewal)

Authority: 1980 PA 299, MCL 338.3434a

Legal Name (First, Middle, Last)		Date of Birth	U.S. Social Security Number		
Address		City	State	Zip Code	
Telephone Number		E-mail Address			
Name of Collection Agency (if applicable)			Agency Permanent ID # (if applicable)		
<p>I have the ability and will serve the public in a fair, honest and open manner. If I have had a judgment of guilt in a criminal proceeding or a civil action against me, I am rehabilitated or the substance of my former offense is not reasonably related to the occupation or profession for which I am seeking a license.</p> <p>Yes No</p>					
<p>Complete this question for relicensure only: Do you have any unsatisfied penalties and conditions imposed by disciplinary action in this state or any other jurisdiction?</p> <p>Yes No</p>					
<p>Do you have a high school diploma or equivalent?</p> <p>Yes No</p>					
<p>COLLECTION EXPERIENCE: MCL 339.911(b) requires collection agency managers to have at least 6 months of full-time experience in the collection of accounts. Do you meet this requirement?</p> <p>Yes No</p>					
<p>Required Additional Documents</p> <ul style="list-style-type: none"> ● If requesting a fee waiver as an individual who served in the armed forces - form DD214, DD215, or any other form acceptable to the Department that demonstrates you were separated from service with an honorable character of service or under honorable conditions (general) character of service. ● You will be required to take the Collection Agency Manager Written State Examination to test your knowledge of the collection agency business, collection practice, customs and ethics, and the laws and rules relating to the operation of collection agencies. Upon approval of your application, you will be notified of your authorization to test by mail. 					
<p>Certification</p> <p>I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434a.</p>					
_____ Signature			_____ Date		
CHECK THE LICENSE TYPE			FOR OFFICE USE ONLY		
New Applicant – Non-Owner Manager-Veteran		Fee Waived	License Number	Issue Date	
Owner Manager (must also submit Collection Agency License Application)		No Fee			
Non-Owner Manager License		\$85.00			2402-01
Non-Owner Manager Relicensure		\$105.00			2402-06
<p>Make your check or money order in U.S. Currency payable to:</p> <p align="center">STATE OF MICHIGAN</p>					
<p>FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152 AND ARE NOT REFUNDABLE.</p>					