



RECEIVABLES MANAGEMENT CERTIFICATION PROGRAM

CERTIFIED RECEIVABLES VENDOR (CRV) 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. RMAI 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

Vendor Information

1. Legal name of Applicant: _____

2. Type of Business: ☐ Vendor (Generic) ☐ Broker ☐ Process Server

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 Vendor Certification Number (if renewing): _____
business

10. Is Applicant a member of RMAI? ☐ Yes ☐ No

11. Number of Employees: _____

12. For all applicants, except Brokers and Process Servers, list the primary services provided:

- | | | |
|------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Appellate Attorney | <input type="checkbox"/> Compliance Management | <input type="checkbox"/> Licensing Services |
| <input type="checkbox"/> Audit Services | <input type="checkbox"/> Services | <input type="checkbox"/> Payment Processor |
| <input type="checkbox"/> Call Center | <input type="checkbox"/> Credit Reporting | <input type="checkbox"/> Print/Letter Vendor |
| <input type="checkbox"/> Call Recording Services | <input type="checkbox"/> Data Security | <input type="checkbox"/> Skip Tracing Services |
| <input type="checkbox"/> Computer Software/
Hardware | <input type="checkbox"/> Insurance Services | <input type="checkbox"/> Speech Analytics |
| <input type="checkbox"/> Complaint/ Monitoring
Services | <input type="checkbox"/> IVR-Interactive Voice
Response System | <input type="checkbox"/> Telephony |
| | <input type="checkbox"/> Legal Directory/Network | <input type="checkbox"/> Other: |
- _____

13. For Brokers, list the asset classes the Broker 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 | |
- _____

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

United States

- | | | | | | |
|------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--------------------------------|
| <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"/> Other |
| | <input type="checkbox"/> FL | <input type="checkbox"/> MD | <input type="checkbox"/> NJ | <input type="checkbox"/> SD | Nations |
| | <input type="checkbox"/> GA | <input type="checkbox"/> ME | <input type="checkbox"/> NM | <input type="checkbox"/> TN | _____ |

Chief Compliance Officer Information

15. Name of Chief Compliance Officer (CCO): _____
16. If CCO goes by different title, please provide: _____
17. Is your CCO certified by RMAI as a Certified Receivable Compliance Professional? ☐ Yes ☐ No
- 17a. If “yes” to question 17, please provide the CCO’s certification number: _____
18. Please indicate the date the CCO started serving in this capacity: _____
19. CCO’s Business Telephone Number: _____
20. CCO’s Business Email Address: _____

Program Acknowledgements

As the authorized representative of the Applicant, and signatory of this application, I hereby certify and agree to each of the following statements by checking the box next to said statements:

21. _____ I have the legal capacity to answer the questions on this application and thereby bind the Applicant by my responses.
22. _____ 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.
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 RMAI.
26. _____ Applicant has never been expelled from the Certification Program.
27. _____ 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, Applicant understands its certification will automatically be terminated.

28. _____ Applicant will hold RMAI, 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 RMAI's Receivables Management Certification Program is a voluntary program and failing to be certified does not preclude an individual or business from operating unless state or federal law provides otherwise.
30. _____ Applicant will permit the Auditor access to all premises associated with the business and to materials called for under the audit testing procedures during normal business hours with five (5) days advance written notice. The parties may agree to lower notice requirements for purposes of system penetration testing or for reasons otherwise agreed to in writing.
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 RMAI 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 understands that RMAI grants a nonexclusive license to RMAI certified vendors to display an RMAI issued and approved CRV logo in a manner proscribed by RMAI. Applicant understands that no property rights, trademark, or other intellectual property interests of RMAI are transferred to certified vendors. Applicant understands that RMAI reserves the right to alter the logo, amend how the logo can be used, or terminate the right to use the logo at any time.

Audit Acknowledgments

35. _____ **(First-time Applicants Only)** Pursuant to Section 8.4 of the Governance Document, Applicant has completed a Pre-Certification Audit from an RMAI Authorized Audit Provider and the audit has been transmitted to RMAI. Applicant understands that the audit must be approved by the Audit Committee before the application for certification will be considered.
36. _____ Applicant has completed the Certification Standards Self-Compliance 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.
37. _____ 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.

38. _____ Applicant understands that it must contract with an RMAI Authorized Audit Provider to have a Full Compliance Audit performed at the midpoint of its 36-month certification period (16th to the 20th month after the vendor's certification date). [Note: A two-month extension may be granted by the Audit Committee.]

39. _____ Applicant understands, pursuant to section 8.5(B) of the Governance Document, that failure to have a Full Compliance Audit performed in the time period outlined in question 38 above will automatically result in the suspension of Applicant's certification until such time that the audit is performed and transmitted to RMAI.

Certification Standards Self-Compliance Checklist

When completing the Certification Standards Self-Compliance Attestation Checklist, please review the Certification Standards in Appendix B. Applicant should not submit an application unless it has determined through an internal assessment that it is in conformity with each Certification Standard.

As the authorized representative of the Applicant, and signatory of this application, I hereby certify the Applicant has confirmed that it conforms to the following standards by checking the box next to the standard:

Series 100 (all applicants)

_____ Chief Compliance Officer (Standard 101)

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 102)

_____ Employee Training Programs (Standard 103)

_____ Insurance (Standard 104)

Note: Please include proof of insurance with your application.

_____ Data Security (Standard 105)

_____ Website & Publication (Standard 106)

_____ Vendor Management (Standard 107)

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 and (2) contact information must be displayed on the website.

Series 200 (brokers only)

_____ Broker Agreements (Standard 201)

_____ Multiple Listings (Standard 202)

_____ Due Diligence (Standard 203)

_____ Misrepresentation of Accounts (Standard 204)

_____ Purchase/Sale Agreement Requirement (Standard 205)

_____ Title (Standard 206)

Series 300 (process servers only)

_____ GPS Technology (Standard 301)

_____ Photos/Video (Standard 302)

_____ Audits (Standard 303)

_____ Pricing (Standard 304)

_____ Conflict of Interest (Standard 305)

_____ License (Standard 306)

Background Report Authorizations

RMAI 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 RMAI to obtain a civil and criminal background report on them as part of RMAI's due diligence. Please fill out the Background Report Authorization Form [hyperlink] and attach it to this application as a PDF. The following individuals meet this requirement and have PDF authorizations attached:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____
- (7) _____

References (non-RMAI member applicants only)

A **non-RMAI member Applicant** must provide two (2) professional references from RMAI certified businesses that Applicant has contracted with to provide vendor services in the prior twelve (12) months. If Applicant cannot provide the aforementioned references, Applicant shall provide four (4) professional references that can attest to Applicant's character and knowledge of their services. The granting of certification shall be partially based on the results of the interviews with Applicant's references.

Reference # 1

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

Reference # 2

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

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

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

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

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

Signature

As the authorized representative of the Applicant, I 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 RMAI to be certified as a "Certified Receivables Vendor" and agrees to abide by the rules and procedures established by RMAI 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 Fee)

FEE	AMOUNT	INSERT AMOUNT
Series 100 (<i>all applicants</i>)	\$900	\$900
Series 200 & 300 (<i>Brokers & Process Servers only</i>)	\$900	
Non-Member Fee	\$400	
Administrative Fee (<i>for first-time applicants only</i>)	\$100	
TOTAL (<i>please add up right column</i>)		

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

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

Payment by Automated Clearing House (ACH): Please make payment immediately after submitting your application by using the information below. Your application will not be reviewed until payment is made. In the event your application is not approved, your payment will be refunded in full.

Bank Name	Umpqua
Bank Routing Number	123205054
Bank Account Number	0002148897
SWIFT Code (for international)	UMPQUS6P

Payment by Credit Card: Please make payment immediately after submitting your application by using the [RMAI Payment Portal](#). Your application will not be reviewed until payment is made. In the event your application is not approved, your payment will be refunded in full.

Payment by Check: Please make check payable to “Receivables Management Association International” and include with your application.

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

<p>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.</p>

Background Report Authorization Form

RMAI requires that each owner (inclusive of shareholders, partners, principals, members, etc.) with a five (5) percent or greater share of ownership and each officer of an Applicant Business authorize RMAI to obtain a civil and criminal background report on them as part of RMAI's due diligence. Please fill out the Background Report Authorization Form [hyperlink] and attached it to this application as a PDF.

I authorize RMAI 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 RMAI 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 RMAI 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: _____

Please attach this form to the application as a PDF.