



**Application for
Receivables Management Certification Program (RMCP)
Authorized Audit Providers**

1. Legal name of Business: _____
2. Type of Business: Compliance Review Company/Partnership Certified Public Accounting Firm
 Law Firm Other: _____
3. Physical Address of Business: _____
4. Business Mailing Address (if different from # 3): _____
5. Business Phone: _____
6. Business Web Site Address: _____
7. Name of Primary Contact: _____
8. Primary Contact Email: _____
9. Primary Contact Phone: _____
10. Will the applicant be partnering with another business entity in the fulfillment of the auditing services?
 Yes No If yes, please indicate the name of the business entity and the nature of the relationship: _____

11. Does the applicant or any of its employees/agents have any financial or ownership interest in a debt buying company, a collection law firm, or a third party collection agency? Yes No If yes, please describe the interest: _____

12. Does the applicant agree to not contracting with a Certified Company for auditing services if there is a conflict which would compromise an objective evaluation of the company, including but not limited to business relationships, family relationships, RMCP audit preparation services in the prior 3 years, and the development of RMCP policies and procedures in the prior 5 years? Yes No

NOTE: This requirement applies whether the conflict involves the principals, the auditor(s), and/or spouses of principals and/or auditor(s).

13. Does the applicant agree 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? Yes No

14. Does the applicant agree to perform on-site or partial on-site compliance audits with each RMCP audit? Yes No

15. Does the applicant agree to transmit the required compliance audit to RMAI within two (2) months from the date of audit engagement, provided that the auditor has the cooperation of the Certified Company and their records are in order? Yes No

16. Does the applicant have the ability to perform a RMCP full compliance audit for less than five thousand U.S. dollars (\$5,000.00) on a Certified Company that has: (1) ten (10) or fewer employees, (2) operates out of a single location, and (3) is not a "large participant" as defined by the Consumer Financial Protection Bureau (understanding that the actual cost may be greater or less based on the Certified Company's preparedness, size and complexity of the Certified Company's operations, and the level of cooperation the Certified Company provides the Audit Provider)? Yes No

17. Does the applicant agree to clearly state in any contract with a Certified Company for aRMCP compliance audit that the findings will be provided by the auditor directly and contemporaneously to both the Certified Company and RMAI? Yes No

18. Describe the type and amount of insurance you maintain that is directly related to your compliance auditing services: _____

19. List any national or international associations that you maintain membership or regularly attend their conferences: _____

20. Has applicant attached bios on all individuals who will be assigned to perform RMCP audits? Yes No

Applicant must provide answers to the following questions (please note that you do not need to have experience in all the areas discussed below to be selected as an "authorized" Audit Provider):

21. Describe your experience in performing compliance audits or assessments in general:

22. Describe your experience, if any, in performing audits related to the following subject areas:

	Expert	Strong	Familiar	Limited	Estimate the Number of Audits Performed
Fair Debt Collection Practices Act (FDCPA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone Consumer Protection Act (TCPA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fair Credit Reporting Act (FCRA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electronic and physical data security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Call center related audits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CFPB Readiness Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

22a. List two references (name/company/email/phone) where you have provided a majority of these services:

(1)

(2)

23. Describe your experience, if any, in developing or reviewing policies and procedures for the following subject areas:

	Expert	Strong	Familiar	Limited	Estimate the Number of Policies & Procedures Developed or Reviewed
Fair Debt Collection Practices Act (FDCPA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone Consumer Protection Act (TCPA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fair Credit Reporting Act (FCRA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electronic and physical data security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Call center related audits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CFPB Readiness Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

23a. List two references (name/company/email/phone) where you have provided a majority of these services:

(1) _____

(2) _____

24. Describe the types of entities you have provided the services described in questions 22 and 23:

	Expert	Many	Some	None
Banks & Credit Unions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Bank Lenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debt Buying Companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Firms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Party Collection Agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Has applicant provided a **redacted** copy of an audit report for a company it has audited where the audit covered issues concerning the FDCPA, TCPA, FCRA, data security controls, call center operations, or CFPB examination readiness? Yes No

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 designation as an Authorized Audit Provider for the RMAI Receivables Management Certification Program. I authorize verification of the information contained herein and release all concerned from any liability in connection therewith. Applicant understands that the submission of an application does not provide any guarantee that it will result in a consummated license agreement.

Full Name of Authorized Representative: _____

Signature of Authorized Representative: _____

Date of Signature: _____