



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

3. Physical Address of Headquarters: _____

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

5. Main Business Telephone Number: _____

6. Web Site Address (if website is maintained): _____

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): _____

10. Is Applicant a member of RMAI? Yes No

11. Number of Employees: _____

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

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

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 Nations |
| | <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 | |

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

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:

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, 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 agrees to abide with the following conditions for the use of Certification Program logos:

RMAI grants a nonexclusive license to certified companies to display RMAI issued and approved Certification Program logos on vendor websites, vendor letterhead, electronic communications, and promotional materials provided that the vendor's certification status remains in good standing. No property rights, trademark, or other intellectual property interests of RMAI are transferred to certified vendors. Certified vendors are expressly prohibited from creating their own Certification Program logos, altering the RMAI issued and approved logos, using discontinued RMAI logos, assigning the use of RMAI logos to any other party, and using RMAI logos on contracts or any other binding legal documents.

Audit Acknowledgments

35. _____ Pursuant to Section 8.4 of the Governance Document, Applicant has included a completed audit report from an RMAI Authorized Audit Provider or an Audit Provider approved by the Audit Committee, with the CRV application.

36. _____ 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.

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 (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 (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 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.

Please initial next to each applicable Certification Standard once the Applicant has confirmed that it conforms to the standards:

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)

Series 200 (brokers only)

_____ Broker Agreements (Standard 201)

_____ Multiple Listings (Standard 202)

_____ Due Diligence (Standard 203)

_____ Misrepresentation of Accounts (Standard 1204)

_____ Purchaser/Sale Agreement Requirements (Standard 205)

_____ Title (Standard 206)

Upon confirming the Applicant conforms to the above Certification Standards, please initial adjacent to question 36 above.

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 due diligence.

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: _____ 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-RMAI member applicants only)

A non-RMAI member Applicant must provide two (2) professional references from RMAI certified business that Applicant has contracted with to provide vendor services described in Question 12 above 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 services described in Question 12 above. 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 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 Application Fee (Series 100)** Add \$900 USD for RMAI member/ \$1,300 USD
for non-RMAI member

\$ _____ **3-Year Application Fee (Series 200)** Add \$900 USD for RMAI member/ \$1,300 USD
for non-RMAI 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.

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.