



RECEIVABLES MANAGEMENT CERTIFICATION PROGRAM

CERTIFIED RECEIVABLES BUSINESS (CRB) 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 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 Business.

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

Business Information

1. Legal name of Applicant: _____

2. Type of Business: 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 Business Certification Number (if renewing): _____

10. Is Applicant a member of RMAI? 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 business that will share certification with the Applicant and their IRS Employer Identification Number (EIN):

(1) Name: _____ EIN: _____

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

Physical Address (if different from Applicant Business): _____

Web Site Address (only required if business name is used in consumer communications): _____

(2) Name: _____ EIN: _____

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

Physical Address (if different from Applicant Business): _____

Web Site Address (only required if business name is used in consumer communications): _____

(3) Name: _____ EIN: _____

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

Physical Address (if different from Applicant Business): _____

Web Site Address (only required if business name is used in consumer communications): _____

(4) Name: _____ EIN: _____

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

Physical Address (if different from Applicant Business): _____

Web Site Address (only required if business name is used in consumer communications): _____

Please attach any additional businesses after the last page of the application.

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

- More than \$15 million (Large Business)
- \$5 million to \$15 million (Medium Business)
- Less than \$5 million (Small Business)

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 businesses for industry-wide demographic purposes – individual business data will remain confidential – law firms are exempt from this question***):

2021: _____ 2023: _____
2022: _____ 2024: _____

(only fill in 2024 if your application is filed on or after January 1, 2025)

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 RMAI 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 Business Telephone Number: _____

23. CCO's Business Email Address: _____

Program Acknowledgments

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:

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 RMAI.

29. _____ Applicant has never been expelled from the Certification Program.

30. _____ 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 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.
32. _____ 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.
33. _____ 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.
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 RMAI 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, I understand that RMAI grants a nonexclusive license to RMAI certified businesses to display RMAI issued and approved CRB logos in a manner proscribed by RMAI. I understand that no property rights, trademark, or other intellectual property interests of RMAI are transferred to certified businesses. I understand 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

38. _____ (**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.
39. _____ 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 independent third-party audit will confirm the veracity of this acknowledgment.
40. _____ 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.

41. _____ 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 business’s certification date). [Note: A two-month extension may be granted by the Audit Committee.]

42. _____ 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 41 above will result in the automatic suspension of Applicant’s certification until such time that the audit is performed.

Certification Standards Self-Compliance Checklist

When completing the Certification Standards Self-Compliance Attestation Checklist, please review the [Certification Standards](#) in Appendix A. 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:

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 A4, A5, A6, A9, A17, and A23 but the Applicant’s conformity with those standards will be based on its compliance with Certification Standard A15 on vendor management.

Series A (all applicants)

_____ Laws & Regulations (Standard A1)

_____ Insurance Coverage (Standard A2)

Note: Please include proof of insurance with your application.

_____ Criminal Background Checks (Standard A3)

_____ Employee Training Programs (Standard A4)

_____ Complaint and Dispute Resolution (Standard A5)

_____ Consumer Notices (Standard A6)

_____ Data Security (Standard A7)

_____ CFPB Consumer Complaint System (Standard A8)

_____ Payment Processing (Standard A9)

_____ State Licensing Requirements (Standard A10)

_____ Credit Bureau Reporting (Standard A11)

_____ Statute of Limitations (Standard A12)

_____ Chief Compliance Officer (Standard A13)

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 A14)

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 RMAI “consumer resources” page must be added to the website.

_____ Vendor Management (Standard A15)

_____ Affidavits (Standard A16)

_____ Commissions (Standard A17)

_____ State of Emergency (Standard A18)

_____ Social Media (Standard A19)

_____ Hardship Policy (Standard A20)

_____ Virtual Office (Standard A21)

_____ Debt Collection Non-Discrimination Policy (Standard A22)

_____ Communication Restrictions (Standard A23)

Series B (debt buying company & creditor applicants only)

- _____ Purchase & Sale Documentation Requirements (Standard B1)
- _____ Representations & Warranties (Standard B2)
- _____ Due Diligence (Standard B3)
- _____ Purchase & Sale Restrictions (Standard B4)
- _____ Per Diem Counsel (Standard B5)
- _____ Interest (Standard B6)

Series C (collection law firm applicants only)

- _____ Bar Admission (Standard C1)
- _____ Legal Education (Standard C2)
- _____ Legal Malpractice Insurance (Standard C3)
- _____ Trust Accounts (Standard C4)
- _____ Meaningful Attorney Involvement (Standard C5)
- _____ Judgment Retention (Standard C6)
- _____ Consumer & Regulatory Complaints (Standard C7)
- _____ Court Proceedings (Standard C8)
- _____ Capias (Standard C9)

Series D (third party collection agency applicants only)

- _____ Bonding (Standard D1)
- _____ Trust Accounts (Standard D2)
- _____ Client Inquiries (Standard D3)
- _____ Consumer & Regulatory Complaints (Standard D4)
- _____ Cessation of Collections (Standard D5)
- _____ Account Recalls (Standard D6)

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 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 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 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 four (4) 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

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 Business" and agrees to abide by the rules and procedures established by RMAI in the administration of the Certification Program.

Full Name of Applicant Business: _____

Full Name of Authorized Representative: _____

Signature of Authorized Representative: _____

Date of Signature: _____

Application Fees (3-Year Fee)

FEE	AMOUNT	INSERT AMOUNT
Small Business <i>(see question 12)</i>	\$1,500	
Medium Business <i>(see question 12)</i>	\$2,500	
Large Business <i>(see question 12)</i>	\$3,500	
Non-Member Fee	\$800	
Administrative Fee <i>(for first-time applicants only)</i>	\$100	
Family of Companies Fee	\$250 for each additional business listed in question 11a	
TOTAL <i>(please add up right column)</i>		

SMALL BUSINESS FLEXIBLE PAYMENT PLAN *(optional)*

If your business 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 five (5) equal monthly payments.

I wish to participate in the Small Business Flexible Payment Plan. Please divide my application fees into five equal payments to be charged to my credit card in four consecutive months upon approval of my application. Charges will be applied between the 1st and 10th 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 RMAI 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 RMAI 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 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
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 RMAI office by phone at 916-482-2462 or email cert@rmaintl.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.

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.