



## 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. 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 \$10 million     \$2 million to \$10 million     Less than \$2 million

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***):

2017: \_\_\_\_\_  
2018: \_\_\_\_\_  
2019: \_\_\_\_\_  
2020: \_\_\_\_\_ (only fill in 2020 if your application is filed on or after January 1, 2021)

## 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

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:

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

RMAI grants a nonexclusive license to certified businesses to display RMAI issued and approved Certification Program logos on business websites, business letterhead, electronic communications, and promotional materials, provided that the business's certification status remains in good standing. No property rights, trademark, or other intellectual property interests of RMAI are transferred to certified businesses. Certified businesses 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, purchase agreements, or any other binding legal documents.

### Audit Acknowledgments

38. \_\_\_\_\_ 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.
39. \_\_\_\_\_ 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.

40. \_\_\_\_\_ Applicant understands that it must contract with an RMAI Authorized Audit Provider (except as provided in section 8.5(E) of the Governance Document) to have a Full Compliance Audit performed at the midpoint of its 36-month certification period (16<sup>th</sup> to the 20<sup>th</sup> month after the business's certification date). [Note: A two month extension may be granted by the Audit Committee.]

41. \_\_\_\_\_ 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 40 above will result in the automatic 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 and will pass a Compliance Audit.

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

**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, and A17 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)

\_\_\_\_\_ Errors & Omissions Insurance (Standard A2)

*Note: Please include proof of insurance with your application.*

\_\_\_\_\_ Criminal Background Checks (Standard A3)

\_\_\_\_\_ Employee Training Programs (Standard A4)

\_\_\_\_\_ Consumer Complaint & 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 education" 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)

### Series B (debt buying company & creditor applicants only)

\_\_\_\_\_ Purchase & Sale Documentation Requirements (Standard B1)

\_\_\_\_\_ Representations & Warranties (Standard B2)

- \_\_\_\_\_ Due Diligence (Standard B3)
- \_\_\_\_\_ Sale Restrictions (Standard B4)
- \_\_\_\_\_ Per Diem Counsel (Standard B5)

**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)

**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)

Upon confirming the Applicant conforms to the above Certification Standards, please initial adjacent to question 38 above.

<b>Background Report Authorizations</b>
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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.

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: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Tel. Number: \_\_\_\_\_  
 Signature: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Tel. Number: \_\_\_\_\_  
Signature: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Tel. Number: \_\_\_\_\_  
Signature: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Tel. Number: \_\_\_\_\_  
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 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 five (5) 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: \_\_\_\_\_

**Reference # 5** (may not be required – see above)

Business 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 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 Application Fee** Add \$1,800 for RMAI member/\$2,600 for non-RMAI member  
+ \$ \_\_\_\_\_ **Administrative Fee** Add \$100 for first-time applicant  
+ \$ \_\_\_\_\_ **Family of Companies Fee** Add \$100 for each additional business listed in question 11a that will share certification with the primary 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): \_\_\_\_\_

**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 1<sup>st</sup> and 10<sup>th</sup> 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 and required fees to:**

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

If you have any questions concerning the application contact the RMAI office by phone at 916-482-2462 or email [cert@rmaintl.org](mailto: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.