



85 – 7th PLACE EAST, SUITE 280  
ST. PAUL, MN 55101  
651-539-1599

## NOTIFICATION OF COLLECTION AGENCY AFFILIATED COMPANY

Use this form to notify the Minnesota Department of Commerce that your licensed collection agency has one or more affiliated companies that meet this entire definition: “Affiliated Company means a company that: (1) directly or indirectly controls, is controlled by, or is under common control with another company or companies; (2) has the same executive management team or owner that exerts control over the business operations of the company; (3) maintains a uniform network of corporate and compliance policies and procedures; and (4) does not engage in active collection of debts.”

- Do not use this form to list trade names, aliases, or DBAs.
- Do not use this form to list branch offices. A branch office is any additional location where a collection agency conducts business and must be separately licensed.

Agency Name \_\_\_\_\_

Agency License Number \_\_\_\_\_

### Affiliated Companies

List the full legal name and business address for each company that meets the entire definition of “Affiliated Company.” These affiliated company names will be listed on your license record in our electronic system but will not display on the printed license. Attach additional sheets if necessary.

Full Legal Name of Affiliated Company	Business Address

**CERTIFICATION:** I certify that all of the information above is true and complete, and that this document has not been changed in any manner from the form adopted by the Department of Commerce.

\_\_\_\_\_  
Signature of Owner/Officer/Partner

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Email completed form to [licensing.commerce@state.mn.us](mailto:licensing.commerce@state.mn.us) with “Debt Collection Form” as the subject.