



**COLLECTOR-REPOSSESSOR LICENSEE PERSONAL STATEMENT OF EMPLOYEE**

To the Secretary of Banking and Securities  
Commonwealth of Pennsylvania

I hereby make application for the issuance of an identification card to be available, upon request, in my duties as an employee of the following collector-repossessor:

Name of Licensee: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Address of Licensee: \_\_\_\_\_

License Number: \_\_\_\_\_

1. **Employee Information:** Provide evidence of employment for current employer. i.e. W-4 if employed less than 1 year, W-2 if employed more than 1 year

Name of Employee: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

2. Employment History for the past **FIVE** years.

Name of Employer	Business Address	Dates of Employment

Attach additional sheets if necessary

3. Will you devote full time during business hours to the duties of your employer?

\_\_\_\_\_ Yes \_\_\_\_\_ No – please explain in detail the circumstances:

---

---

---

---

Attach additional sheets if necessary

4. Have you ever been indicted, pleaded guilty, pleaded nolo contendere, or been convicted of a crime, excluding motor vehicle traffic laws in Pennsylvania or elsewhere?

\_\_\_\_\_ Yes \_\_\_\_\_ No – please explain in detail the circumstances:

---

---

---

---

Attach additional sheets if necessary

5. References. Please include full name and complete address.

	Full Name	Complete Address
<b>Personal</b>		
<b>Business</b>		
<b>Bank</b>		

**Authorization/Affirmation**

I understand by submitting this **Collector Repossessor Employee Personal Statement**

I am agreeing to be bound by the following declaration: "**I declare that all of my answers on this *Collector Repossessor Employee Personal Statement* are complete, true and correct. I make this declaration subject to the penalties of 18 PA.C.S. § 4904 relating to unsworn falsification to authorities.**"

**Please Print:**

---

INDIVIDUAL/EMPLOYEE NAME

**Signature Required:**

---

EMPLOYEE SIGNATURE

---

LICENSEE'S SIGNATURE (OWNER/OFFICER/PARTNER)