



United Association of Recovery Agents



MEMBERSHIP VERIFICATION FORM

(Please complete all sections. All submissions *must* be accompanied by an authorized signature.)

MEMBER INFORMATION

Individual member's full name: _____

Member's repossession business name: _____

State any and all names—business trade, assumed, partnership corporate or other—used in any repossession business activity:

CONTACT INFORMATION

City/State of licensure: _____

Repossession license(s) #1: _____

Repossession license(s) #2: _____

Office physical address: _____

City/State/Zip code: _____

Office mailing address: _____

City/State/Zip code: _____

Contact person #1 name: _____

Contact person #1 title: _____

Contact person #2 name: _____

Contact person #2 title: _____

Business telephone #1: _____ Fax #1: _____

Business telephone #2: _____ Fax #2: _____

Mobile phone #1: _____ Mobile phone #2: _____

Email address: _____

Web address: <http://>_____

PERSONAL INFORMATION

Federal tax ID #: _____ Social Security #: _____

Driver license #: _____ State of issue: _____

Member's home address: _____

City/State/Zip code: _____

Member's home phone: _____

Company classification: Sole proprietorship Partnership Corporation

Names of partners or corporate officials: _____

Repossessions storage address: _____

City/State/Zip code: _____

DAYTIME CONTACT INFORMATION

Daytime contact name: _____

Contact's home address: _____

City/State/Zip code: _____

Home phone number: _____

Daytime contact person's signature: _____

MANAGER CONTACT INFORMATION

Manager's name: _____

Repossession license #: _____

Manager's home address: _____

City/State/Zip code: _____

Home phone number: _____

Manager's signature: _____

OWNERSHIP INFORMATION

Is there in effect, whether written or oral, any agreement with any person(s) for the purchase, in whole or in part, of your repossession agency and/or shares of stock in said repossession agency? Yes No

Have you, the member, sold, assigned or transferred to one or more other persons, firms, or corporations, in whole or in part, your repossession business or your ownership interest in said repossession business? Yes No

State the name(s) and address(es) of each person with whom such an agreement exists, the terms of the agreement, and attach a copy of any and all written documents concerning such agreement to this verification form.

Name #1: _____ Address #1: _____

City/State/Zip code #1: _____

Name #2: _____ Address #2: _____

City/State/Zip code #2: _____

Name #3: _____ Address #3: _____

City/State/Zip code #3: _____

Name #4: _____ Address #4: _____

City/State/Zip code #4: _____

The member agrees to notify the UARA in the event of an agreement to sell the repossession business within ten (10) days of the agreement, providing the UARA with the name(s) and purchaser(s) and furnishing a copy of the agreement itself.

BANKRUPTCY INFORMATION

Has member or member's repossession business ever been the subject of any form of bankruptcy proceeding in the past ten (10) years? Yes No

If so, state the name(s) of the bankrupt or debtor, whether a bankruptcy discharge was granted or denied, the date of each such Bankruptcy proceeding, the court in which such proceeding was filed, including the docket number, and the nature of the proceeding: Chapter 7, Chapter 11, Chapter 13, Involuntary. Attach a copy of the Bankruptcy/Discharge.

Bankrupt or debtor's name: _____

Granted or denied: Granted Denied

Date of bankruptcy proceeding #1: _____

Name of court filing proceeding #1: _____

Docket #: _____ Date of proceeding: _____

Proceeding type: Chapter 7 Chapter 11 Chapter 13 Involuntary

BANKRUPTCY INFORMATION

(continued)

Bankrupt or debtor's name: _____

Granted or denied: Granted Denied

Date of bankruptcy proceeding #2: _____

Name of court filing proceeding #2: _____

Docket #: _____ Date of proceeding: _____

Proceeding type: Chapter 7 Chapter 11 Chapter 13 Involuntary

Bankrupt or debtor's name: _____

Granted or denied: Granted Denied

Date of bankruptcy proceeding #3: _____

Name of court filing proceeding #3: _____

Docket #: _____ Date of proceeding: _____

Proceeding type: Chapter 7 Chapter 11 Chapter 13 Involuntary

CERTIFICATION

I, the authorized UARA member, do hereby certify upon my oath that any and all information contained in my response to the questions/information in the Membership Verification Form. Furthermore, I the authorized UARA member, do hereby agree that I shall immediately notify the UARA, in writing, of any and all changes in the information that I have provided on this form.

I, the UARA member, understand and acknowledge that if I provide any false or misleading information on this form and/or fail to notify the UARA of any change in this information immediately, I subject myself to the adverse consequences to my membership in the UARA and contained in the UARA By-Laws, and that said adverse consequences may include a fine, imposition of or increase in bond, suspension or termination of membership and liability for any and all expenses incurred by the UARA in its investigation of any infractions pertaining to Uniform, the UARA By-Laws or the Code of Ethics or Operations.

I, the authorized UARA member, have carefully read and completed this document.

Signature of authorized member: _____ Date: _____
(No proxy signatures. Member signature only.)

Witness signature #1: _____ Date: _____

Witness signature #2: _____ Date: _____