



**Department of Audit  
Division of Banking  
Collection Agency Board**  
112 West 25<sup>th</sup> Street  
Cheyenne, WY 82002  
(307) 777-7797 or (307) 777-3497 Fax (307) 777-3555  
WEB SITE <http://audit.state.wy.us>

### PROFESSIONAL REFERENCE FORM

**I. APPLICANT SECTION**

Copy this Form as needed. Complete sections I and II of the form, then forward this form to a minimum of three (3) professional references of your choice that you have listed on the Application Form.  
**A minimum of three (3) completed professional references must be forwarded to the State of Wyoming.**

<b>A.</b> Company Name ( as it is to appear on WY License)	<b>B.</b> Company Address
<b>C.</b> Name of Parent Company (if applicable)	<b>D.</b> Parent Company Address
<b>E.</b> Name of CEO or Owner	<b>F.</b> Federal Tax ID/ Social Security Number

**II. INFORMATION SPECIFIC TO PROFESSIONAL REFERENCE**

<b>A.</b> Name of Professional Reference:	<b>B.</b> Contact Person and Title
<b>C.</b> Address of Professional Reference:	<b>D.</b> Telephone/ Fax Number

**E.** Type of business relationship:

I hereby authorize \_\_\_\_\_ to furnish the Wyoming Collection Agency Board the information requested below.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**III. REFERENCES: PLEASE RETURN COMPLETED FORM TO THE STATE OF WYOMING**

Record N/A in areas not applicable. The Wyoming Collection Agency Board will accept other forms of certification provided all applicable information requested on this form is contained in the Certification.

A reply for such information at your earliest convenience would be greatly appreciated.

<b>A.</b> Is the information in Section II accurate? NO ___ YES ___ If no, Please provide accurate information:	<b>B.</b> (If applicable) Have you found the above applicant to be financially responsible? NO ___ YES ___ If no, please provide an explanation:
<b>C.</b> Have you found the above applicant to be of good character? NO ___ YES ___ If no, please provide an explanation:	<b>D.</b> Have you found the above applicant to be capable of conducting their business honestly and fairly? NO ___ YES ___ If no, please provide an explanation:
<b>E.</b> If professional, our business experience with the above applicant has extended over a period of _____ years.	

I certify that the information contained herein or attached is true and correct to the best of my knowledge.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Name( please print) \_\_\_\_\_

Signature \_\_\_\_\_

**Please return the completed form to: Wyoming Collection Agency Board  
112 West 25<sup>th</sup> Street  
Cheyenne, WY 82002**