



30 South Meridian Street, Suite 300
Indianapolis, Indiana 46204-2759
Telephone: (317) 232-3955
FAX: (317) 232-7655
WEB SITE <http://www.in.gov/dfi>

TO APPLICANTS FOR A CPAP LICENSE:

This application is for a license to engage in the business of entering into civil proceeding advance payment transactions under the Indiana Civil Proceeding Advance Payment (CPAP) Act, found at Indiana Code 24-12. The CPAP Act provides that a CPAP Provider that is "regularly engaged" in CPAP transactions must first obtain a CPAP license from the Department of Financial Institutions (DFI), before entering into CPAP contracts. The original application is to be filed with the DFI; a copy should be retained by the applicant. Only one (1) license is needed per legal entity.

LICENSE FEE: The initial CPAP license fee of \$1,000 must be submitted with the application. The check or money order is to be made payable to the Department of Financial Institutions. Licenses are renewed annually, with the renewal due by December 31. The required license renewal fee is \$1,000.

OFFICE INTERVIEW: An interview at the DFI's office must be completed before the license is approved.

FINANCIAL REQUIREMENTS: Provide reviewed or audited financial statements prepared by an independent CPA, or the most recent 10K filing with the Securities and Exchange Commission, indicating a minimum net worth of \$100,000 and liquid assets of at least \$50,000. Liquid assets include cash or its equivalent (assets that are readily convertible to cash without significant loss such as treasury bills, short-term marketable securities, demand deposits, and time deposits nearing maturity). For other assets to be considered liquid, the CPA must clarify by a footnote as to how the liquidity was determined. If the applicant for the license is a limited liability company (LLC) or subchapter S corporation, then in addition to a CPA review or audit level financial statement on the corporate entity, personal financial statements must be submitted for any individuals who own at least 10% of the LLC or subchapter S corporation. Personal financial statements do not have to be prepared by a CPA but must meet acceptable minimum GAAP standards.

CREDIT REPORTS: Credit report for the business entity, executive officers, owners, and Indiana operation managers should be attached to the application.

CRIMINAL BACKGROUND CHECKS: A nationwide criminal background check based on fingerprints must be completed for each owner (sole proprietorship), partner (partnership), member (LLC) or officer (corporation), as well as any managers. The DFI uses IdentoGO to take and/or process fingerprints for the background checks. The procedures will differ depending on whether you are located in Indiana or in other parts of the country. Please visit our website, <https://www.in.gov/dfi/2786.htm>, for information on background checks, a copy of the FBI privacy policy, and the fingerprinting instructions. **DO NOT send fingerprint cards to the DFI as this will only delay your license application.** Provide a list of all personnel to be fingerprinted for background checks.

REFERENCES: Provide the names and addresses of three (3) persons willing to acknowledge the financial responsibility, character, and fitness of the applicant. At least one reference must be a representative of a financial institution. Reference letters must be submitted on business letterhead with the license application.

FORMS TO BE SUBMITTED: When submitting the application, enclose completed sample transaction documents which will be utilized in conjunction with your CPAP transactions, including a sample completed CPAP contract and relevant disclosures or other documents.

PLEASE NOTE: The application and financial statement must be fully completed and filed with the DFI along with the required initial license fee. Upon approval of a CPAP license application, the applicant will be notified and provided a License ID number. The licensee should show the assigned license number in all correspondence with the DFI subsequent to licensing. Licenses under the CPAP Act are issued on the basis of representations made in the application. Any substantial change in the information included in the application must be reported to the DFI promptly, and within thirty days after such change (see IC 24-12-9-5(a)). Change in the legal name or assumed business name requires notification to the DFI. Indiana CPAP licenses are not assignable or transferable; see IC 24-12-9-5(j). Any change in control of the licensee must be requested and receive prior approval by the DFI under IC 24-12-9-12.

Links to all sample forms and relevant statutes are on the DFI website under Policies and Guidance, and Legal Resources.

Consumer Credit Licensing Team
dfilicensing@dfi.in.gov
(317) 453-2566



**APPLICATION FOR CIVIL
PROCEEDING ADVANCE PAYMENT
(CPAP) LICENSE**

State Form 56759 (R2/ 8-24)

**State of Indiana
DEPARTMENT OF FINANCIAL INSTITUTIONS**
30 South Meridian Street, Suite 200
Indianapolis, Indiana 46204

SUBMIT LICENSE APPLICATION FEE CHECK BY MAIL.
Application materials may be mailed or submitted via secure
email to DFILicensing@dfi.in.gov.

DFI OFFICE USE ONLY	
DATE REC. _____	
LIC ID # _____	DFI ID # _____
INVOICE # _____	CHECK # _____
AMT. PD. _____	BAL. DUE _____

TO BE COMPLETED BY ALL APPLICANTS		
The undersigned makes application for a CPAP license as provided in the Indiana Civil Proceeding Advance Payment Act, IC 24-12.		
Name of Applicant (<i>Sole Proprietorship, Partnership, Corporation, LLC</i>)		
PRINCIPAL BUSINESS ADDRESS		
Address (<i>number and street</i>)		
City, state, and ZIP code	Telephone number ()	Fax number ()
HOME OFFICE NAME AND ADDRESS (<i>If Different from Principal Business Name and/or Address</i>)		
Name of home office		
Address (<i>number and street</i>)		
City, state, and ZIP code	Telephone number ()	Fax number ()
ADDRESS WHERE CORRESPONDENCE IS TO BE SENT		
Name of Contact Person		
Address (<i>number and street</i>)		
City, state, and ZIP code	Email address	
ASSUMED NAME		
If applicant operates under an assumed name, a certificate from the appropriate official showing compliance with the provisions of the laws of the State of Indiana pertaining to conducting business under an assumed name is to be included with the application.		
Assumed Name		
INDIVIDUALS (<i>To be completed by those operating as a sole proprietorship</i>)		
Name		
Address (<i>number and street</i>)		
City, state, and ZIP code	Telephone number ()	

PARTNERSHIPS
(To be completed by those operating as Partnerships)

NAME AND RESIDENCE ADDRESS OF EACH PARTNER

Name

Address *(number and street)*

City, state, and ZIP code

Telephone number
()

Name

Address *(number and street)*

City, state, and ZIP code

Telephone number
()

Attach an additional sheet if necessary.

CORPORATIONS / LIMITED LIABILITY COMPANIES
(To be completed by those operating as a Corporation / LLC)

Name of Corporation / LLC

Address *(number and street)*

City, state, and ZIP code

Telephone number
()

Corporation Organized Under the Laws of What State?

Date of Incorporation / Organization *(month, day, year)*

ATTACH A COPY OF YOUR CERTIFICATE OF AUTHORITY FROM THE INDIANA SECRETARY OF STATE.

LIST OFFICERS, DIRECTORS, OR MEMBERS OF THE CORPORATION OR LLC WITH TITLE AND RESIDENCE ADDRESS

Name of Officer / Director / Member

Title

Address *(number and street)*

City, state, and ZIP code

Telephone number
()

Name of Officer / Director / Member

Title

Address *(number and street)*

City, state, and ZIP code

Telephone number
()

Name of Officer / Director / Member

Title

Address *(number and street)*

City, state, and ZIP code

Telephone number
()

Attach an additional sheet if necessary.

**IF A CORPORATION OR LLC, LIST ALL PERSONS OR ENTITIES OWNING 10% OR MORE OF THE COMPANY.
FOR ENTITIES MEETING THIS TEST, LIST THE PERSONS OWNING THAT ENTITY.**

Name	Title
Address (number and street)	
City, state, and ZIP code	Telephone number ()
Name	Title
Address (number and street)	
City, state, and ZIP code	Telephone number ()
Name	Title
Address (number and street)	
City, state, and ZIP code	Telephone number ()

Attach an additional sheet if necessary.

REFERENCES

*Provide three (3) names and addresses of references as to your "financial responsibility, character, and fitness." One must be a representative of a depository institution. **Reference letters on business letterhead are to be submitted with the license application.***

Name of individual	Title
Address (number and street)	
City, state, and ZIP code	Telephone number ()
Name of individual	Title
Address (number and street)	
City, state, and ZIP code	Telephone number ()
Name of individual	Title
Address (number and street)	
City, state, and ZIP code	Telephone number ()

INDIANA BRANCH INFORMATION

ADDRESS OF EACH INDIANA BRANCH LOCATION	Number of Branches:
Address (number and street)	
City, state, and ZIP code	Telephone number ()
Address (number and street)	
City, state, and ZIP code	Telephone number ()
Address (number and street)	
City, state, and ZIP code	Telephone number ()

Attach an additional sheet if necessary.

GENERAL INFORMATION

1. If a corporation / LLC, attach a copy of your certificate of authority and articles of incorporation from the Indiana Secretary of State.
 2. Attach a copy of your Indiana business plan including information on any other types of activities you will be engaged in.
 3. (a) List other states where the applicant or any affiliated company operates as, or did operate as, or is licensed or registered, or was licensed or registered as, a CPAP provider under state or federal regulatory authority. Provide the same information for owners and officers of the applicant. Provide the name of all state and federal regulatory agencies, including contact person, contact information, and dates licensed/registered.
 (b) Provide a letter of good standing, or equivalent, from the applicant's home state CPAP regulator, other than Indiana, where it currently engages in CPAP transactions.
 4. Has the applicant, any affiliated company, or any company associated with the owners or officers of the applicant had a license or registration cancelled, suspended, or revoked in any state or been subject to a state or federal enforcement or administrative order, including but not limited to informal resolutions, memorandums of understanding, and/or cease and desist orders? Yes No If yes, give full details (*attach additional pages if necessary*).
-
5. Do you agree to keep a separate set of books and records used only for the CPAP business? Yes No
 6. Do you plan to sell insurance to borrowers? Yes No If yes, describe type(s) of insurance.
 7. Attach a detailed explanation of the following:
 - (a) How CPAP transactions will be made. When will applicant be funding / brokering CPAP transactions versus closing in name of applicant as CPAP provider?
 - (b) Written description of the funding of the CPAP transaction to the consumer, including the source of funds.
 - (c) Estimated average CPAP transaction.
 - (d) Will you have a location in Indiana or will you use Indiana title companies or attorneys to close the CPAP transactions?
 - (e) Will you retain all aspects of servicing the CPAP contract? Yes No If no, who will be servicing?
 - (g) Identify the software the applicant proposes to use for disclosure and/or record keeping.
 - (h) Why do you wish to engage in CPAP transactions in Indiana?
 - (i) Who will Indiana CPAP transactions be sold to? Give full details.
 - (j) Who will be managing the business?
 8. Give history and full details of any material litigation and/or criminal convictions for the five (5) years preceding the date of application for any owner, partner, corporate officer, limited liability member, or branch manager.

ATTACH BUSINESS RESUMES FOR THE MANAGERS, OWNERS, PARTNERS, AND ALL OFFICERS, AS APPLICABLE.

ACKNOWLEDGMENT

The applicant executed this application on _____ and acknowledges that all statements made herein and on supporting schedules, to the best of my/our knowledge and belief, are true and complete statements in accordance with the law. Intentionally providing false information will terminate the application process and will subject the licensee to revocation if false information is substantiated after issuance, IC 24-12-9-10.

IF A CORPORATION, PRESIDENT AND ONE OFFICER MUST SIGN; IF LLC, ALL MEMBER/S MUST SIGN; IF A PARTNERSHIP, ALL PARTNERS MUST SIGN; IF SOLE PROPRIETORSHIP, OWNER MUST SIGN. ATTACH AN ADDITIONAL SHEET IF NECESSARY.

By	Title
By	Title

CPAP LICENSE APPLICATION CHECKLIST

CHECK HERE	<i>THE FOLLOWING MUST BE ATTACHED TO THE APPLICATION.</i>
<input type="checkbox"/>	\$1,000 CPAP License Application Fee.
<input type="checkbox"/>	CPA prepared Reviewed or Audited Financial Statements or the most recent 10K filing with the Securities and Exchange Commission with a minimum \$100,000 net worth and \$50,000 in liquid assets.
<input type="checkbox"/>	Criminal background check, based on fingerprints, from FBI or State Police from state of residence for each principal (officer / member / partners / owner / Indiana manager). For information on the background check process, please visit our website at https://www.in.gov/dfi/2786.htm .
<input type="checkbox"/>	List of people who will complete the criminal background check.
<input type="checkbox"/>	Credit reports for entity applicant, executive officers, owners, and Indiana operation managers.
<input type="checkbox"/>	Three reference letters, including at least one from a financial institution representative.
<input type="checkbox"/>	Sample CPAP transaction application.
<input type="checkbox"/>	A completed, <u>filled-in</u> sample CPAP contract .
<input type="checkbox"/>	If a corporation / LLC, a copy of Certificate of Authority to do business in Indiana from the Secretary of State.
<input type="checkbox"/>	If a D/B/A name will be used, provide a copy of the assumed name certificate from the Indiana county recorder for each county where you do business if a sole proprietorship or partnership; or the Indiana Secretary of State for a corporation or LLC.
<input type="checkbox"/>	Indiana business plan that includes the information discussed in p. 6 items 2 and 7.
<input type="checkbox"/>	List of other states where operating as a CPAP provider.
<input type="checkbox"/>	Letter of good standing, or equivalent, from home office state CPAP regulator, if applicable.
<input type="checkbox"/>	Business résumés for the manager, owner, partners, members, and all officers, as applicable.
<input type="checkbox"/>	Detailed information and attachments requested in Items 4, 7 and 8 on Page 6 of the application.

Each item listed on the checklist is required to accompany the application for the application to be considered complete.