

DEBT COLLECTION ADVISORY COMMITTEE MEMBER FORM

DFPI-DC 03 (New. 01-23)



Debt Collection Advisory Committee Member Form

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Current Employer

Company: _____

Address: _____

Title/Ownership: _____

Responsibilities:

Qualifications

Backgrounds, areas/years of experience, and industry segment (please specify first-party debt collector, third-party debt collector, debt buyer, debt collection law firm, legal aid organization, consumer advocacy group, or other).

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Experience

Experience with state, and national trade associations, or policy discussions regarding debt collections. Please include any experience directly working with clients, consumers, auditors, and/or licensing.

Accolades

Include any certifications, or membership in state or national trade associations, held by the applicant or the applicant's business.

Submission Instructions

If you are interested in serving on the Debt Collection Advisory Committee for the upcoming term, please submit the completed form and any supplemental information to the Committee Liaison Ryan Rodriguez at Ryan.Rodriguez@dfpi.ca.gov by the deadline posted on the [Debt Collection Advisory Committee webpage](#).