Consumer and Worker Protection

42 Broadway
New York, NY 10004

nyc.gov/dcwp

DEBT COLLECTION AGENCY NON-NYC RESIDENT FORM

Complete this form if your business is NOT located within New York City.

License Applicant Name:	
Business Premises Address:	

You must provide below the name and address of someone who is a New York City resident upon whom process or other notification may be served. Note that you may designate the Commissioner of the Department of Consumer and Worker Protection for this purpose. Please check one of the boxes below.

☐ I designate the following person upon whom process or other notification may be served:

Name:	
Address:	

☐ I would like to designate the Commissioner of the Department of Consumer and Worker Protection as my agent upon whom process or other notification may be served.

I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

_____ _____
Signature *Print Name*

_____ _____
Print Title/Position (if any) *Date*