



PAWNBROKER ANNUAL REPORT
ORS CHAPTER 726/OAR 441-740
 Year ending Dec. 31, 20_____.

Complete every item or write "none"

1. Licensee name: _____ License no.: _____
2. Location address: _____

Analysis of loans under Pawnbroker Act

	Number	Amount
3. Total loans outstanding at beginning of year.....	_____	\$ _____
4. New loans made during the year (principal only, excludes renewals) ...	_____	\$ _____
5. Totals (Item 3 plus Item 4).....	_____	\$ _____
6. Loans closed during the year:		
a. Redeemed (loans collected).....	_____	\$ _____
b. Forfeited.....	_____	\$ _____
c. Charged off as loss.....	_____	\$ _____
d. Total loans closed (total of Items a, b, and c)	_____	\$ _____
7. Totals loans outstanding at year end (Item 5 minus Item 6d).....	_____	\$ _____
8. Total interest charges collected on loans during the year	_____	\$ _____
9. Total of all other charges and fees collected on loans during the year	_____	\$ _____
10. Total number and value of police pick-ups.....	_____	\$ _____

This report was prepared by: _____ Date: _____

Signature: _____

Phone number: _____ Email: _____



PAWNBROKER ANNUAL RENEWAL AND REQUIRED ADDITIONAL INFORMATION

In addition to the licensing fee and annual report information, Oregon Administrative Rule 441-740-0035 requires additional information to be submitted with your annual report, which is due by **Jan. 15** each year:

STEP 1: CHANGES TO INFORMATION

Since the last application or license amendment application was filed, has the licensee changed:

- ABN/DBA
- Business mailing address
- Business phone or fax number
- Manager's name
- Web address
- Oregon agent for service of process
- Business activity
- Holding/managing company
- Security used to safeguard pledged items
- Insurance coverage
- Off-site storage for large pledged items
- Manager, partner, officer, or experienced person
- Surety bond or issuer

If there were no changes, check here:

If there were changes, attach the Renewal Application – Change of Information Supplement.

Did you file an insurance claim including store inventory or a pledged item since last report? Yes No

If yes, provide specific details:

STEP 2: INTEREST RATE AND FEES

List your current rate of interest and all fees being charged:

STEP 3: ATTACHMENTS

Attach:

- A copy of the front and back of the pawn ticket you are currently using.
- Information provided to consumer if the property is to be stored at an offsite location, if off-site storage is used.
- A print-out of your business and/or assumed business name registration with the Secretary of State's Corporation Division (<http://www.filinginoregon.com>).
- A copy of the declarations page of an insurance policy or policies showing current fire, theft, and burglary coverage and indicating coverage of pledged items or property of others. **Note:** ORS 726.380 requires maintaining sufficient insurance coverage against possible loss due to fire, theft, and burglary to protect the interest of the pledgor for the amount of the loan.

STEP 4: CERTIFICATION

Officer or authorized employee name: _____

Title: _____

I certify that the foregoing responses and all attachments are true, accurate, and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

STEP 5: SUBMIT RENEWAL INFORMATION

Return this three-page completed form with all attachments and the completed Renewal Application Change of Information Supplement (if you need to report any changes) along with your Annual Pawnbroker Licensee Fee Invoice and payment to:

DEPARTMENT OF CONSUMER & BUSINESS SERVICES
FISCAL SERVICES SECTION
PO BOX 14610
SALEM OR 97309

**Oregon Department of Consumer and Business Services
Division of Financial Regulation**

350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881
Mailing address: P.O. Box 14480, Salem, OR 97309-0405
503-947-7300 • Fax: 503-947-7862
dfr.ndp.licensing@dcbs.oregon.gov
dfr.oregon.gov



RENEWAL APPLICATION CHANGE OF INFORMATION SUPPLEMENT

A licensed pawnbroker may use this form to make amendments to the information submitted as part of the license application. *Please complete all steps before submitting.* If you have no changes, you can skip this form.

STEP 1: LICENSEE IDENTIFYING INFORMATION

Licensee name:

License no.:

STEP 2: AMENDMENTS TO PRIMARY PLACE OF BUSINESS AND REGISTERED AGENT

Provide amendments to the information for the primary place of business and registered agent for service of process or check the box if not applicable.

New DBA or ABN:

New street address:

City:

State:

ZIP:

New mailing address:

City:

State:

ZIP:

Phone:

Fax:

Email:

Manager's name:

Web addresses:

Oregon registered agent for service of process:

Name:

Title:

Address:

City:

State:

ZIP:

Phone:

Fax:

Email:

STEP 3: AMENDMENTS TO BUSINESS ACTIVITY OR HOLDING/MANAGING COMPANY

Provide amendments to the information for the business activity and holding or management company or check the box if not applicable.

Describe in detail any other business or businesses conducted or that you intend to conduct at the licensed location:

Give the name and address of any holding company or managing company with which you are affiliated:

Name:

Address:

City:

State:

ZIP:



STEP 4: AMENDMENTS TO SAFEKEEPING OF PLEDGED ITEMS

Provide amendments to the security used to safeguard pledged items or the insurance coverage or check the box if not applicable.

Attach:

- A description of the security used to safeguard pledged items.
- Type and amount of insurance coverage carried to cover pledged items.

STEP 5: AMENDMENTS TO OFF-SITE STORAGE FOR LARGE PLEDGED ITEMS

Provide amendments to the off-site storage location and its supporting materials or check the box if not applicable

Will you use off-site storage for large pledged items? Yes No If yes, enter the address of the off-site storage location below and provide the required attachments.

Address:

City:	State:	ZIP:
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Attach:

- A copy of the company's policies and procedures regarding off-site storage, which must include how the company will determine what items are appropriate for off-site storage.
- A description of the security used to safeguard pledged items at the off-site storage location.
- Type and amount of insurance coverage carried to cover pledged items at the off-site premises, if separate from the insurance for the business location.

STEP 6: AMENDMENTS TO MANAGER, PARTNER, OFFICER, EXPERIENCE PERSON

Provide amendments to the managers, partners, officers or experience person or check the box if not applicable.

The following people are no longer a manager, partner, officer, or experience person of the company:

The following people are a new manager, partner, officer, or an experience person of the company (Attach a completed Pawnbroker Criminal Background and Credit Check Authorization for each person.):

STEP 7: CERTIFICATION

Officer or authorized employee name: _____

Title: _____

I certify that the foregoing responses and all attachments are true, accurate, and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

**PAWNBROKER
CRIMINAL BACKGROUND AND CREDIT CHECK AUTHORIZATION**

Each manager, partner, officer, director, or other people performing similar functions must complete and sign the following:

Name:			Driver license number:		
Home street address:			Home mailing address, if different:		
City:	State:	ZIP:	City:	State:	ZIP:
Home phone:			Email:		
Office street address:			Office mailing address, if different:		
City:	State:	ZIP:	City:	State:	ZIP:
Office phone:			Fax:		
Social Security number:			Date of birth (mm/dd/yyyy):		
<p>For the past five years: Have you ever violated any provision of the following Oregon laws: Bank Act, Credit Union Act, Consumer Finance Act, Pawnbrokers Act, or related administrative rule or order? If yes, explain:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>					
<p>Have you had any criminal conviction in which the essential element of the crime involved fraud? If yes, explain:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>					
<p>Have you been permanently or temporarily enjoined under a court order from engaging in any aspect of the pawnbroker business? If yes, explain:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>					
<p>Have you been the subject of an administrative order by this department that included a fine or other civil penalty, or removed a manager, partner, officer, or director from your company? If yes, explain:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>					
<p>Have you been the subject of an administrative order by any state or federal agency or a judgment by any state or federal court? If yes, explain:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>					

I certify that the information I've provided is current and accurate as of the day it was signed and I understand that my signature authorizes a background check, including those authorized by the Fair Credit Reporting Act (15 USC 1681 et seq.).

Signature

Date

Position or title