THE STATE of ALASKA
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Collection Agency Program
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: *CollectionAgencies@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/CollectionAgencies*

Collection Agency or Branch Initial Statement of Employees

Instructions: Every collection agency and branch licensee must file a list of names, residential addresses, and aliases, if any, of each person employed by the licensee within 15 days after its initial licensure, in accordance with AS 08.24.340(a).

List only those employees working on the accounts of ALASKA-BASED CLIENTS, and the name of the operator of record. *Make copies as necessary.*

PART I Agency or Branch Information

Agency or Branch Name:			
License Number:		**Initial Report Date:** (Due 15 Days After Licensure)	

PART II Employee Information

Full Name	Residential Address	Alias(es)

PART III Signature

Owner or Operator Printed Name:			
Owner or Operator Signature:		**Date Signed:**	