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 Change of Operator Assignment

Within 15 days after a change of employment (termination or transfer), you must notify the division, in writing, of that change. To keep the license active, complete this form, including the notarization, and return your current license for amendment to show the new assignment. If you are not employed as an operator at this time, write "unassigned" in the "current assignment" area.

PART I   Operator Information

Operator Name:		License Number:	
Mailing Address:	P.O. Box or Street City	State	Zip

PART II   Previous Assignment

Collection Agency or Branch Name:		Employment End or Change Date:	
Agency or Branch License Number:		License Expiration Date:	
Mailing Address:	P.O. Box or Street City	State	Zip

PART III   Current Assignment

☐   If applicable, I wish to <u>keep</u> my "previous assignment" and <u>add</u> the "current assignment" as shown.

Collection Agency or Branch Name:		Employment Begin or Change Date:	
Agency or Branch License Number:		License Expiration Date:	
Mailing Address:	P.O. Box or Street City	State	Zip

PART IV   Notarized Signature

I certify that the information in this document is true and correct to the best of my knowledge.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	**Operator Printed Name:**			
	Operator Signature:			
	Notary Public for State of:		**Subscribed and Sworn to Before me on this Day:**	
	Notary Signature:		**My Commission Expires:**	