



Collection Agency Program
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Website: ProfessionalLicense.Alaska.Gov/CollectionAgencies

Collection Agency or Branch Request for Operator Waiver

AS 08.24.100(a) states in part, “a licensee may not engage in the collection agency business unless and until the collection agency, and each branch office of the agency is under the management and control of a licensed operator for each office. The department may waive this requirement for a period not to exceed 90 days upon the death or disability of an operator, or for other good cause.”

Instructions: On or before the termination or transfer of the agency or branch operator’s employment, complete a Notice of Withdrawal of Employee form (#08-4015) and this waiver request. (If operator’s employment has already terminated and you have not requested a waiver, your agency or branch license is out of compliance with the Alaska Statutes and, therefore, not authorized to practice until a licensed operator is assigned to your firm. If a waiver is granted, the 90-day period begins from the day after the former operator’s date of termination (or transfer) regardless of the date the waiver request is made.)

Collection Agency or Branch Name:		Agency or Branch License Number:	
Location: (City, State)			
Previous Operator Name:		License Number:	
Date of Termination or Transfer:			
Select one of the following:			
<input type="checkbox"/> An application for our new operator listed below has already been submitted.			
New Operator Name:			
- or -			
<input type="checkbox"/> An application for our new operator is included with this waiver request.			
New Operator Name:			
- or -			
<input type="checkbox"/> An application for our new operator will be sent in the near future; we are aware that it may take the full 90 days (or longer) to process the application and issue the operator’s license. In the interim, the person below will be responsible for agency or branch business during the period of the waiver.			
Interim Person Reponsible:			

Signature

Authorized Representative Printed Name:		Title:	
Authorized Representative Signature:		Date Signed:	