



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](mailto:CollectionAgencies@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/CollectionAgencies](http://ProfessionalLicense.Alaska.Gov/CollectionAgencies)

## Collection Agency or Branch Notice of Withdrawal of Employee

Within 15 days of when an employee withdraws from employment or the employee's employment is terminated for any reason, complete this form and submit it to the above address. AS 08.24.350. (Please do not submit a cover letter with each form or group of forms sent in.) **Complete this form only for those employees working on the accounts of ALASKA-BASED CLIENTS, or if the operator of record transfers or terminates employment.**

If the employee was an Alaska-licensed collection agency operator and your Agency/Branch has no other operators, please complete the Collection Agency/Branch Request for Operator Waiver form (#08-4459) and submit a new operator application (#08-4077).

### PART I Employee Information

Name of Collection Agency or Branch:			
Employee Name:		Agency/Branch License Number:	
Employee Job Title:		Date of Termination or Transfer:	
Is the withdrawing employee an operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes) Operator License Number:	

### PART II Signature

I certify that the aforementioned employee ended his/her employment with the above-referenced collection agency or branch on the date listed above.			
Owner or Operator Printed Name:			
Owner or Operator Signature:		Date Signed:	