



Collection Agency Program

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: CollectionAgencies@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/CollectionAgencies

Collection Agency License Application Instructions

A person other than a collection agency licensed and authorized under this chapter may not for compensation (1) conduct a collection agency business in this state; (2) collect claims for others in this state; (3) solicit the right to collect or receive payment of a claim for another; (4) advertise or solicit either in print, by letter, in person or otherwise, the right to collect or receive payment of a claim for another; (5) seek to make collection or obtain payment of a claim on behalf of another." AS 08.24.090(a). Also, "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 in accordance with AS 08.24.100.

However, an Alaska collection agency license is required for only those agencies that collect claims, or solicit claims collections, on behalf of Alaska-based creditors. If the agency's customers are out of state, no Alaska license is required.

The following must be received by the division before your application for Collection Agency License can be reviewed:

1. APPLICATION

A completed application, signed and notarized (#08-4106, pages 1-4).

2. FEES

Fees made payable to "State of Alaska."

Alaska Residents

Nonrefundable Application Fee: \$ 50.00

License Fee: \$ 50.00

Non-Residents

Nonrefundable Application Fee: \$100.00

License Fee: \$100.00

3. SURETY - \$5,000

An original surety bond form (#08-4106a) issued by an insurer or other surety company, with the bonding company's power of attorney. The bond must be signed by both the principal and the surety;

- or -

An original Time Certificate of Deposit (TCD) or Savings Passbook issued by a bank or trust company authorized to do business in Alaska. The certificate or passbook should read, "State of Alaska in trust for (Collection Agency)." The original certificate or passbook is held by the state and must be accompanied by a completed, signed and notarized Assignment of Cash Deposit form (#08-4106b);

- or -

A cashier's check. Cash will be deposited in a Trust Account established by the state, which does NOT pay interest.

The cash must be accompanied by a completed, signed, and notarized Assignment of Cash Deposit form (#08-4106b).

Note: Each collection agency and branch office must be under the management and control of a licensed operator. Therefore, agency and operator applications will be issued together upon completion and approval of both applications.

A collection agency must provide a surety bond and shall maintain a separate trust account to keep Alaska-based customers' funds in until disbursed to the customer. There is no waiver of the trust account requirement even for those agencies that perform solely telephonic solicitations.

General Information

APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

LICENSE TERM:

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on June 30 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

PROFESSIONAL FITNESS QUESTIONS:

A "yes" response in the application does not mean your application will be denied. If you have responded "yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

DENIAL OF APPLICATION:

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document". To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, "I certify this is a true copy of the original document" and sign your name. The notary will compare the original document with the copy and then notarize your signature.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*

STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



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COA

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Collection Agency License Application

PART I Payment of Fees

Required Fees: (Alaska Residents)	<input type="checkbox"/> Nonrefundable Application Fee	\$ 50.00
	<input type="checkbox"/> License Fee	\$ 50.00
Required Fees: (Non-Residents)	<input type="checkbox"/> Nonrefundable Application Fee	\$100.00
	<input type="checkbox"/> License Fee	\$100.00

PART II Agency Information

Owner/Entity Name:		Entity Number:	
DBA Name:		Contact Phone:	
Mailing Address:	P.O. Box or Street	City	State Zip
Physical Address:	Street	City	State Zip
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
Email Address:		Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>			

PART III Owner/Official Information

Check the applicable box and provide the complete name(s) of the owner(s) including all partners, corporate officers, or managing members, whichever is appropriate; and provide U.S. Social Security Numbers for sole proprietor or partners.

Please complete the appropriate table below according to your business ownership type. Attach additional pages as necessary.

Sole Proprietorship
 Partnership
 Corporation
 LLC

Full Name	Address	Social Security Number*	Date of Birth*

*Sole proprietorship and partners only. AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.

PART IV Branches

Please list the addresses of all branch offices and indicate if the branch will be collecting on behalf of Alaska-based creditors.

Check here if none.

Branch Address	Collecting for Alaska Creditors?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART V Operator Information

List the full name, residential address, and license number of the operator. The operator is defined as the individual having managerial control of the agency.

Full Name	Residential Address	License Number

PART VI Employee Information

List below, or include a separate list of, the names and residential addresses, of all branch employees who will be involved in the collection of Alaska-based client accounts (i.e., creditors located in Alaska) and include the name of the operator of record. If a separate list is included, the list must be titled with the company's DBA name and also include the name of the operator of record.

Full Name	Residential Address

PART VII Trust Account

AS 08.24.280 requires that a collection agency maintain a separate trust account for Alaska-based customers' funds with a financial institution authorized to do business in Alaska. The trust account is mandatory for all Alaska-licensed collection agencies and there are NO exceptions. The bank does not have to be physically present in the State of Alaska; however, the bank must be a FDIC insured bank.

Bank Name:		Trust Account Number:	
Mailing Address:	P.O. Box or Street	City	State Zip

PART VIII Surety Type

The following is provided pursuant to the requirements of AS 08.24.140 and 08.24.150. *Include documents evidencing the below obligation – documents must be originals.*

- Surety Bond
 Time Certificate of Deposit OR Passbook Account
 Cash Deposit



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Notary Signature Page

PART IX Notarized Signature

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

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



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Surety Bond

Principal Name: (Applicant)					
DBA Name:					
Bond Number:		Effective Date:	mm/dd/yyyy	Expiration Date:	mm/dd/yyyy

Know All Men by These Presents that we, the above-named collection agency, as principal, and the surety named below, are held, and firmly bound to the State of Alaska, in the penal sum of \$5,000.00, lawful money of the United States, for the payment of which we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally.

The Condition of This Obligation Is Such That: Whereas, the bonded principal, named above, has applied to the Department of Commerce, Community, and Economic Development of the State of Alaska for a collection agency license under the provisions of AS 08.24 and is required by the provisions of that law to furnish a bond conditioned as herein set out.

Now, Therefore, if above-named collection agency, within 30 days after the close of each fiscal or calendar month, reports and pays to customers the net proceeds due and payable of all collections made during that calendar or fiscal month which exceed \$20, and strictly, honestly and faithfully complies with the provisions of AS 08.24 and all amendments to it and regulations adopted under it, then this obligation is void, otherwise to remain in full force and effect.

This bond becomes effective on the date listed above. The surety may be relieved of future liability under it by giving 60 days' written notice to the principal and to the Department of Commerce, Community, and Economic Development of the State of Alaska. This bond is one continuing obligation and the liability of the surety for the aggregate of all claims which may arise under it may in no event exceed the amount of the penalty set out in it.

IN WITNESS OF THE ABOVE, principal and surety have signed and sealed this bond on the date listed below.

Principal Signature: (Applicant)				Date Signed:	
Surety Name:					
Surety Signature:				Date Signed:	
Attorney-in-Fact:					
Agency Name:					
Agency Address:	Street	City	State	Zip	

THIS BOND IS NOT VALID UNTIL SIGNED BY BOTH PRINCIPAL AND SURETY.
Surety's Power of Attorney **must be attached.**

Surety's Seal
(Required)



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Statement of Cash Deposit

A certificate of deposit, other negotiable instrument, or cash filed with the commissioner instead of a bond must be accompanied by an Assignment of Cash Deposit signed by both the collection agency and bank representative acknowledging transfer to the department in accordance with AS 08.24.150.

Applicant Name:			
DBA Name:			
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			
For value received, the undersigned assigns and transfers to the State of Alaska one of the following:			
<input type="checkbox"/> Surety Bond <input type="checkbox"/> Time Certificate of Deposit <u>OR</u> Passbook Account <input type="checkbox"/> Cash Deposit			
In the amount of \$5,000.00.			
Bank Name:			
Bank Address:			
Applicant And Notary: The undersigned irrevocably constitutes and appoints the State of Alaska by and through its duly authorized agents as his/her/their Attorney-in-Fact to do all things necessary and appropriate to effectuate the purposes of this assignment. It is agreed and understood that this assignment shall remain in full force and effect for the period of time provided by law for actions against the surety bond. All persons whose names appear on the certificate or passbook account must sign below.			
Notary Stamp <div style="border: 1px dashed black; width: 100%; height: 100%;"></div>	Applicant Printed Name:		
	Applicant Signature:		Date:
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:
	Notary Signature:		My Commission Expires:



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Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “Yes” answers. A “Yes” answer is not necessarily disqualifying but concealing one may be.

Each “Yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “Yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include but not be limited to: suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “Yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “Yes” to in the box.

Location of Incident:		Date of Incident:	
Explanation of Incident:			
When in doubt, disclose and explain. Make copies as necessary.			

Did you attach all applicable documents associated with this incident?

- Court orders
 Consent agreements
 Disciplinary actions
 Charging documents
 Court records
 Fitness to practice
 All other documentation related to this incident
 I have additional incidents for this “Yes” answer, or “Yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:		PL Code:	
Signature:		Date:	

You must submit one form for each “Yes” answer. Make copies of this form as necessary.



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Profession Type (e.g., Acupuncture): _____

License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (fine, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

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Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
1. Credit Card Number: _____	All 3 fields MUST be completed! This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Security Code: _____	