



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 signed, completed application (#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 (#08-4971) 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 processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the license may 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:

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 which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

DENIAL OF APPLICATION:

Be aware that the denial of an application for 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.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant'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. 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.

PUBLIC INFORMATION:

All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

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*. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*.



THE STATE
of **ALASKA**

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

COA

FOR DIVISION USE ONLY

Collection Agency Program

PO Box 110806, Juneau, AK 99811

Website: ProfessionalLicense.Alaska.Gov/CollectionAgencies

Collection Agency License Application

PART I Payment of Fees

Required Fees: (Alaska Residents)	<input type="checkbox"/> Application and License Fee (\$50 is Non-Refundable)	\$100.00
Required Fees: (Non-Residents)	<input type="checkbox"/> Application and License Fee (\$100 is Non-Refundable)	\$200.00

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 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 Operator Information

Supply the branch's operator information. The operator is defined as the individual having managerial control of the agency (or branch).

Full Name	Residential Address	License Number

PART IV 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.

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 V Employee Information

List 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 include the name of the operator of record.

Full Name	Residential Address

PART VI Branches

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 VII Trust Account

A collection agency must maintain a separate trust account for Alaska-based customers' funds with a financial institution authorized to do business in Alaska, in accordance with AS 08.24.280. 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 08.24.140-150. *Include documents evidencing the below obligation – documents must be originals.*

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

PART IX Alaska Law

- I hereby certify I have reviewed, understand and will abide by the statutes applicable to my profession (AS 08.24).



THE STATE
of **ALASKA**

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

COA

FOR DIVISION USE ONLY

Collection Agency Program

PO Box 110806, Juneau, AK 99811

Website: ProfessionalLicense.Alaska.Gov/CollectionAgencies

Signature Page

Applicant Name:		
Alaska License Number (if known):		<input type="checkbox"/> <i>Application in Process</i>

PART X Agreement

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

I understand 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, registration, certificate, or permit to practice in the state of Alaska.

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

Applicant Signature:		Date Signed:	
-----------------------------	--	---------------------	--



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

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 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:



THE STATE
of **ALASKA**

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

FOR DIVISION USE ONLY

State of Alaska
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

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
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
			TOTAL:

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		<p>All 3 fields MUST be completed.</p> <p>This section will be destroyed after the payment is processed.</p>
2. Expiration Date:		
3. Security Code:		