



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

Collection Agency or Branch Notice of Employment

Within 15 days of hiring a new employee in any position, a collection agency or branch must complete this form and submit it to the above address, with an original signature at the bottom. AS 08.24.340. (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.**

PART I Employee Information

Employee Name:		Length of Residence:	
Residential Address:	Street	City	State Zip
Employee's previous employment in the last year immediately preceding employment with the collection agency or branch:			

PART II Notarized Signature

I, the undersigned, being first sworn, state that I have read the above and the statements made, and information supplied in it, are true.

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

PART III Owner or Operator Information

Owner or Operator Name:			
Collection Agency or Branch Name:		Agency or Branch License Number:	
Employee Name:			
Employment Begin Date:		Current Date: (Execution of Form)	

PART IV Statement of Owner or Operator

I certify that the aforementioned employee was hired on the date listed above and is an employee of the above-named collection agency or branch on the date of execution of this form.			
Owner or Operator Printed Name:			
Owner or Operator Signature:		Date Signed:	