



**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)

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## Collection Agency Branch 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 in accordance with 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 Branch License can be reviewed:***

**1. APPLICATION**

A completed application, signed and notarized (#08-4078, pages 1-3).

**2. FEES**

Fees made payable to "State of Alaska."

Branch License Fee: \$ 50.00

**3. MAIN AGENCY'S SURETY BOND - \$5,000**

Include a copy of the parent agency's current surety bond. There is no need to obtain a separate bond for a branch.

**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

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### **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*



THE STATE  
of **ALASKA**

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

**COA**

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## Collection Agency Branch License Application

### PART I Payment of Fees

<b>Required Fees:</b>	<input type="checkbox"/> Branch License Fee	<b>\$50.00</b>
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### PART II Branch Information

All business must be conducted under the name of the parent agency, except for references to the branch address. A separate license and bond are required for each business name used in accordance with AS 08.24.310.

<b>Owner/Entity Name:</b>		<b>Entity Number:</b>	
<b>DBA Name:</b>		<b>Contact Phone:</b>	
<b>Parent Agency DBA Name:</b>		<b>Parent Agency License Number:</b>	
<b>Branch Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Branch Physical Address:</b>	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.

<b>Email Address:</b>		<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
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**Note: If both boxes are selected above, you will receive correspondence electronically.**

### PART III Operator Information

List the full name, residential address, and license number of the branch’s operator. The operator is defined as the individual having managerial control of the agency (or branch).

Full Name	Residential Address	License Number

### PART IV 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 V Parent Agency 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.

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

### PART VI Parent Agency 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 VII 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	<b>Applicant Printed Name:</b>			
	<b>Applicant Signature:</b>			
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>	
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>	



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

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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

Rev 12/06/2022

Credit Card Payment Form (all major cards accepted)

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

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