State of Alaska
Department of Commerce, Community, and Economic Development
Division of Banking and Securities
333 Willoughby Avenue, 9th Floor, Juneau, Alaska 99801
Telephone: 907-269-8140
Website: https://www.commerce.alaska.gov/web/dbs/

ALASKA SMALL LOAN COMPANY
STATE REGULATOR QUESTIONNAIRE FOR AS 06.20 APPLICANTS

APPLICANT: This form is for initial application only. A copy of it must be mailed/emailed promptly to the states in which you are licensed to engage in Small Loan business activities. This state must have enacted the Small Loans Act or have substantially similar laws as the State of Alaska. Complete the upper portion of the form by typing or printing the required information. Please request the receiving state submit this document to the State of Alaska via email at: financialinstitutions@alaska.gov.

Date: _____

Full Name of Small Loan Company Business: _____

Physical Address: _____

City / State / Zip Code: _____

State: _____   Date Licensed: _____   Expiration Date: _____

License #: _____   Type of License: _____

STATE: The above-named company has applied for a license to conduct Small Loan business in Alaska. The applicant purports to be licensed and regulated by you. As part of our review of the applicant's qualification and suitability for a license, we request information on your experience with this applicant. Please complete the following and return to us via email: financialinstitutions@alaska.gov

YES   NO

1. Is the above information accurate?

2. Did you conduct an investigation of this applicant prior to issuing a license?

3. Have you received any complaints about this applicant?
    (Please explain any trend of common complaints)

4. Have you taken action against this licensee for violations of your state's laws?
    (Attach a copy of the action or briefly describe the circumstances and resolution)

5. Have you conducted an examination or audit of the applicant's business?
    (Provide the date of the last examination and briefly describe the most serious exceptions)

This form completed by:

Name: _____   Signature: _____

Title: _____   State Agency: _____

Address: _____   Phone: _____   Date: _____

Revised 9/13/16