

State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
**COLLECTION AGENCY/OPERATOR SECTION**  
P.O. Box 110806, Juneau, Alaska 99811-0806  
Phone: (907) 465-2550 ★ E-mail: license@alaska.gov  
Website: www.commerce.alaska.gov/occ/pcoa.htm

**COLLECTION AGENCY/BRANCH NOTICE OF EMPLOYMENT**

**Instructions:** 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.**

Name of Employee: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

Length of Residence: \_\_\_\_\_

Employee's previous employment in the last year immediately preceding employment with the collection agency or branch: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employee's Verification**

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

SUBSCRIBED AND SWORN TO before me on \_\_\_\_\_ (date).

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_

OFFICIAL NOTARY SEAL

Notary Public, State of \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**Statement of Owner or Operator**

I, \_\_\_\_\_, certify that \_\_\_\_\_, was hired on \_\_\_\_\_  
Owner or Operator Name of Employee

\_\_\_\_\_ and is an employee of \_\_\_\_\_ on \_\_\_\_\_  
Date of Employment Name of Collection Agency or Branch

\_\_\_\_\_  
Date of Execution of this Form

\_\_\_\_\_  
Agency/Branch License Number

\_\_\_\_\_  
Signature of Owner/Operator