

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.state.ak.us/occ/pcoa.htm

COLLECTION AGENCY/BRANCH NOTICE OF WITHDRAWAL OF EMPLOYEE

Instructions: Within 15 days of when an employee withdraws from employment or the employee's employment is terminated for any reason, complete this form and submit it to the above address. AS 08.24.350. (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, or if the operator of record transfers or terminates employment.

If the employee was an Alaska-licensed collection agency operator and your Agency/Branch has no other Operators, please complete the [Collection Agency/Branch Request for Operator Waiver](#) form and submit a new [Operator application](#) ASAP, check here: License # _____

Name of Collection Agency/Branch License #

_____, a/an _____, ended his/her
Name of Employee Title of Position

employment with the above-referenced collection agency/branch on _____
Termination or Transfer Date

Signature of Owner / Operator Date