

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 ★ Email: license@alaska.gov
Website: www.commerce.state.ak.us/occ/pcoa.htm

CHANGE OF OPERATOR ASSIGNMENT

Operator: Within 15 days after a change of employment (termination or transfer), you must notify the division, in writing, of that change. To keep the license active, complete this form, including the notarization, return your current license for amendment to show the new assignment, and pay the \$5 duplicate original license fee. Make check or money order payable to the State of Alaska. If you are not employed as an operator at this time, write "unassigned" in the "current assignment" area.

For Department Use Only

Date Entered _____
Other Operator Available _____
Letter Sent _____
Initials _____

_____ License # _____
Collection Agency Operator Name

Residence Mailing Address

City/State/ZIP Code

PREVIOUS ASSIGNMENT

Name of Collection Agency or Branch

Agency/Branch License #

Mailing Address

License Expiration Date

City/State/ZIP Code

Date Employment Ended/Changed

CURRENT ASSIGNMENT

Name of Collection Agency or Branch

Agency/Branch License #

Mailing Address

License Expiration Date

City/State/ZIP Code

Date Employment Began/Changed

If applicable, I wish to keep my "previous assignment" and add the "current assignment" as shown.

I certify that the information in this document is true and correct to the best of my knowledge.

Signature of Operator Date

SUBSCRIBED AND SWORN TO before me on _____ (date).

Notary Public, State of _____
My Commission Expires: _____