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.

<table>
<thead>
<tr>
<th>Collection Agency Operator Name</th>
<th>License #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence Mailing Address</td>
<td></td>
</tr>
<tr>
<td>City/State/ZIP Code</td>
<td></td>
</tr>
</tbody>
</table>

PREVIOUS ASSIGNMENT

<table>
<thead>
<tr>
<th>Name of Collection Agency or Branch</th>
<th>Agency/Branch License #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>License Expiration Date</td>
</tr>
<tr>
<td>City/State/ZIP Code</td>
<td>Date Employment Ended/Changed</td>
</tr>
</tbody>
</table>

CURRENT ASSIGNMENT

<table>
<thead>
<tr>
<th>Name of Collection Agency or Branch</th>
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</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>License Expiration Date</td>
</tr>
<tr>
<td>City/State/ZIP Code</td>
<td>Date Employment Began/Changed</td>
</tr>
</tbody>
</table>

☐ 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: __________________________

08-4133 (Rev. 06/17/11)