AS 08.24.100(a) states in part, “a licensee may not engage in the collection agency business unless and until the collection agency, and each branch office of the agency is under the management and control of a licensed operator for each office. The department may waive this requirement for a period not to exceed 90 days upon the death or disability of an operator, or for other good cause.”

**Instructions:** Confirm the name(s) of the operator(s) of record assigned to your agency or branch collection license. If the operator has terminated employment (or been transferred), please note the former operator’s name, date of termination (or transfer), and whether or not you have already submitted another operator application and request for waiver under AS 08.24.100(a). Notice of the operator’s termination or transfer is required within 15 days after that change. AS 08.24.350. Application for a license for a new operator, must be submitted as soon thereafter as possible. (If operator’s employment has terminated and you have not received a waiver from the department, your agency or branch license is out of compliance with the Alaska Statutes and, therefore, not authorized to practice until a licensed operator is assigned to your firm. The 90-day period begins from the former operator’s date of termination or transfer.)

Collection Agency/Branch Name ____________________________________________

Branch Location (City/State) ____________________________________________

Collection Agency/Branch License Number ________________________________

Operator Name(s) ___________________________ License Number(s) __________
                                                                                   ___________________________
                                                                                   is/are still employed by the above-named firm and the operator(s) of record in managerial control of it.

OR                                                                                   ___________________________
                                                                                   Operator Name ___________________________ License Number ___________________________
                                                                                   terminated or transferred his/her employment with the above-named firm on ___________________________
                                                                                   and a

☐ waiver has been requested and granted until ___________________________. We have submitted the application of ___________________________ as our new operator;

OR

☐ we have not yet requested a waiver or submitted a new operator application and understand our Alaska collection agency license is presently out of compliance with the Alaska statutory requirements and we may not practice until an operator is in place or a waiver has been granted.

Signature of Owner or Operator ___________________________ Date __________

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