

Application for Agent Permit

Instructions: The Application for Agent Permit to recruit in Alaska must be submitted in its entirety using the checklist below. A list of all required documentation is provided within each section.

Any person whose primary responsibilities as a paid representative of a postsecondary educational institution is to recruit, advertise, or otherwise procure the registration(enrollment) of students for that institution and who wishes to practice that employment in Alaska must submit an application for and receive an Agent's Permit from ACPE.

***Submit the application, fee, and all supporting materials to eed.acpe-ia@alaska.gov via [ZendTo](#) at least 90 days prior to the quarterly Commission meeting at which the application will be considered** (meetings are scheduled in January, April, July and October). In addition to reviewing the application materials, Commission staff will schedule a site visit once the completed application has been received.

NOTE: Full text of the laws governing the delivery of postsecondary education in Alaska is contained in [Alaska Statute 14.48](#) and the [Alaska Administrative Code, Title 20, Chapter 17](#). All institutions should become familiar with those statutes and regulations.

I. Agent Information:

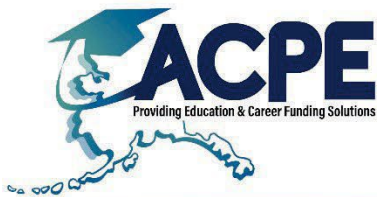
Institution Name: _____

Individual Completing Form: _____ Phone: _____

II. Agent Information:

Attach additional pages to this form, as necessary. Include the name of the program at the top of each additional page.

Please fill out in full.			
YES	NO	DESCRIPTION	REQUIRED ACTION
<input type="checkbox"/>	<input type="checkbox"/>	1. Resume of individual	<i>Resume/ curricula vita</i>
<input type="checkbox"/>	<input type="checkbox"/>	2. Position Description	<i>Attach Position Description of Agent</i>
<input type="checkbox"/>	<input type="checkbox"/>	3. ACPE Consent of Release of Information	<i>Attached completed Consent of Release of Information (Appendix AP1)</i>
<input type="checkbox"/>	<input type="checkbox"/>	4. List of Institution(s) to be represented	<i>Must include name of institution, address, city, state, zip, phone, name of accrediting body, and links to all advertising sources such as social media. Must include license/ authorization to operate for each institution represented.</i>
<input type="checkbox"/>	<input type="checkbox"/>	5. Sample of student materials	<i>Must include institutional catalog and enrollment contract for each institution.</i>
<input type="checkbox"/>	<input type="checkbox"/>	6. \$500 application fee	<i>Application fee must be mailed or submitted via ACH.</i>
<input type="checkbox"/>	<input type="checkbox"/>	7. Determination of Agent Bond Liability Worksheet (Appendix AP2)	Supporting documentation for Appendix AP2: Surety Bond: If posting a bond, complete <i>page 2 of Appendix AP2</i> and attach the original bond document <u>OR</u> Certificate of Deposit (CD): If assigning a CD, complete <i>page 3 of Appendix AP2</i> and attach the original CD



III. Certification:

I certify that all information provided is complete and accurate.

Signature: _____ Date: _____
(Owner or Administrative Official)

Printed Name of Administrative Official: _____

Title of Administrative Official: _____



Consent of Release of Information (Appendix AP1)

Instructions: This form must be filled out and submitted for all agents.

NOTE: A photocopy of this release is to be honored as if it were an original.

I. Authorization Statement:

I, _____ (*Complete Name*), hereby authorize the Alaska Commission on Postsecondary Education (ACPE) and/or its agents to obtain a credit report and make an independent investigation of my background, references, character, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming evidence of satisfactory reputation of business and professional integrity.

As an owner or a senior official of _____ (*Name of Institution/ Corporation*), I release ACPE or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits relative to the information obtained from any and all of the above referenced sources used.

II. Personal Information:

First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name or Other Names Used: _____

Date of Birth: _____ SSN: _____

III. Contact Information:

Email Address: _____ Phone Number: _____

Please be aware that the email you provide may be contacted by the credit report and background check company within 1 to 3 business days after ACPE processes the credit report and background check.

IV. Address Information:

Current Physical Address: _____ City: _____

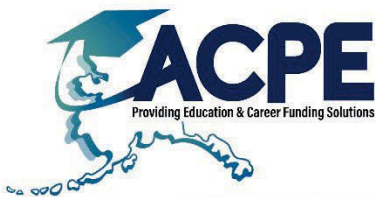
State: _____ Zip: _____ How long at this address?: _____ Years _____ Months

Individuals may not use a P.O. Box for their physical address mentioned above.

V. Certification:

I certify that all information provided is true and correct to the best of my knowledge. I release ACPE or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

Signature: _____ Date: _____



Determination of Agent Bond Liability Worksheet (*Appendix AP2*)

Agents must post and maintain a surety bond or certificate of deposit (CD), as stated under [AS 14.48.100](#). The dollar amount required is higher of (1) the amount of revenue received in the longest enrollment period during the previous fiscal year, or (2) the projected revenue for the same period in the current year. New institutions, renewing institutions, or institutions that have added or deleted programs should provide the **highest amount of revenue projected to be earned** by the institution for all students enrolled in all programs during an enrollment period.

Instructions: To determine the amount of surety required, complete this form (page 1) and attach the original bond or CD.

NOTE: Institutions determined by ACPE to be financially unsound may be required to post a substantially increased level of surety, and must complete the following: **Surety Bond** – If posting a bond, complete page 2 (*Educational Institution Surety Bond*). **Certificate of Deposit (CD)** – If assigning a CD, complete page 3 (*Assignment of Negotiable Instrument*).

I. Enrollment Period and Gross Revenue:

Agent Name: _____

Define your institution's longest term or enrollment period (semester, term, program, etc.): \$ _____

Determine the gross revenues for the enrollment period listed above during the previous calendar or fiscal year (12 month period) or the institution's projected revenues for the same period in the current or upcoming fiscal year (12 month period), whichever is **HIGHEST**. Include revenue from all funding sources, and for all commodities and services provided by the institution for postsecondary education. This includes revenue received for programs otherwise exempt from authorization and, for flight schools, the revenues received for private pilot, commercial pilot and ratings programs: \$ _____

Use the Surety Level Chart to enter the surety amount required for the institution listed above: \$ _____

Surety Level Chart	
If gross revenues are:	Then surety for schools generating revenue are:
up to \$25,000	\$5,000
\$25,001 to \$50,000	\$10,000
\$50,001 to \$100,000	\$20,000
\$100,001 to \$150,000	\$30,000
\$150,001 to \$200,000	\$40,000
\$200,001 to \$250,000	\$50,000
\$250,001 to \$300,000	\$60,000
\$300,001 to \$400,000	\$80,000
\$400,001 to \$500,000	\$100,000
\$500,001 to \$750,000	\$150,000
\$750,001 to 1,000,000	\$200,000
\$1,000,001 +	\$250,000

An original surety in this amount is:

- On File with the Commission
- Enclosed
- Being Sent Under a Separate Cover

Type of Surety: Bond Certificate of Deposit (CD)

Bond or CD Number: _____

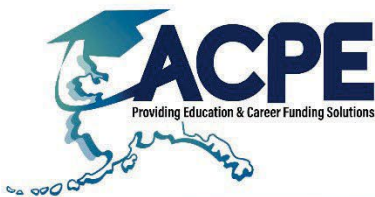
III. Certification:

I certify that the income reported above accurately represents this institution's highest revenues during one enrollment period or term over the past year, or in the next projected year.

Signature: _____ Date: _____
 (Name of Agent)

Printed Name of Administrative Official: _____

Title of Administrative Official: _____



Appendix AP2 Continued: Educational Institution Surety Bond

Name of Agent: _____
Institution: _____

Bond Number: _____
Premium: _____

KNOWN BY ALL PRESENT THAT _____ (*Name of Agent*) doing business as principal and _____ (*Name of Insurance Company*) a corporation duly authorized to transact surety business in the State of Alaska, as surety, are held and firmly bound unto the State of Alaska in the sum of _____ **Thousand Dollars** (_____) lawful money of the United States, for the payment of which, well and truly to be made, we and each of us, bind ourselves, our heirs, executors and administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE SUCH THAT whereas the above bounden principal has or is about to obtain an Authorization to Operate an educational institution in the State of Alaska, in accordance with the provisions of [AS 14.48](#) and all rules and regulations appertaining thereunto, and desires to give bond as required by said law.

NOW, THEREFORE, if the said principal, in compliance with [AS 14.48](#), does not pay any and all final and nonappealable orders of the Alaska Commission on Postsecondary Education or judgments of a court of this state having jurisdiction against said principal in favor of any student, enrollee, or his or her parents or guardians or class thereof for loss or damage as a result of an act or practice in violation of AS 14.48, they shall be paid by the surety.

THE TOTAL LIABILITY of the surety hereunder, during the period for which this bond is written shall not exceed the sum of _____ **Thousand Dollars** (_____).

LIABILITY UNDER THIS BOND commences _____ (*Date*) and shall be continuous until the authorization to operate is revoked or otherwise terminated by the Alaska Commission on Postsecondary Education or until forty-five (45) days after the Alaska Commission on Postsecondary Education, State of Alaska receives written notice from the surety of cancellation. The bond shall apply to all judgments and liabilities which arise during the effective period of the bond and to which the bond is applicable under the law, even if the judgments are settled or the liabilities are enforced after the effective period of the bond.

IN WITNESS WHEREOF, the said principal and the said surety have affixed their hand and seal this _____ day of _____ in the year _____.

Principal: _____

By:

(Signature of Principal's Authorized Representative)

(Name & Title of Principal's Authorized Representative)

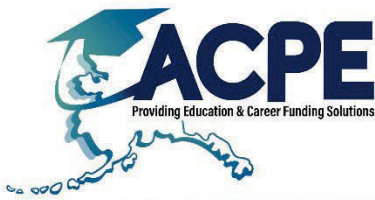
Surety: _____

Surety Address:

By:

(Signature of Attorney-in-Fact)

(Name & Title of Principal's Authorized Representative)



Appendix AP2 Continued: Assignment of Negotiable Instrument for Agents

Certificates of deposit must be automatically renewable and made payable to the **State of Alaska**. In order for the interest on the certificate of deposit to be accurately reported to the Internal Revenue Service, the institution's tax I.D. number (not the State's) must be on the certificate of deposit. **The certificate of deposit must accompany this notarized Assignment of Negotiable Instrument form.**

THE UNDERSIGNED ASSIGNOR HEREBY assigns and transfers to the Alaska Commission on Postsecondary Education, the annexed _____ (*Name of Banking Institution*) as and for the agent surety bond required by the laws of the State of Alaska ([AS 14.48](#)) for the agent as _____ who has been duly authorized to operate in the State of Alaska.

THE UNDERSIGNED DOES HEREBY irrevocably constitute and appoint the State of Alaska by and through its duly authorized agent as their attorney-in-fact to do all things necessary and appropriate to effectuate the purposes of this assignment.

IT IS HEREBY AGREED AND UNDERSTOOD that this assignment shall remain in full force and effect for the period of time provided by law for actions against said surety bond, unless earlier canceled by mutual written consent of the Assignor and Assignee.

Dated this _____ day of _____ in the year _____ in the city and state of _____.

Assignor (Type or Print Name)

Signature

This document is to certify that on this _____ day of _____ in the year _____, before me, the undersigned, a Notary Public in and for the State of _____, duly commissioned and sworn, personally appeared _____ to me known to be the person(s) described in and who executed this above and foregoing assignment of negotiable instrument, and have acknowledged to me they have signed and sealed the document freely and voluntarily for the uses and purposes therein mentioned.

Witness, my hand and official seal the day and year in this certificate first above written.

Notary Public Signature

My Commission Expires