



STATE OF ALASKA
Department of Health and Social Services
Division of Public Assistance

FEE AGENT APPLICATION

PERSONAL INFORMATION

Form fields for personal information: Last Name, First Name, MI, Address, City, State, Zip Code, Daytime Contact Phone, Work Phone, Cell Phone, Email, Fax Number.

PREVIOUS EXPERIENCE

Please list any applicable training, skills, interest, or experience. (If necessary, continue on a separate page.)

Five horizontal lines for listing previous experience.

REFERENCES

Form fields for references: Contact Name, Telephone Number (two entries).

Tell us why you want to be a fee agent?

Five horizontal lines for explaining why the applicant wants to be a fee agent.

Applicant Signature and Date fields.