

**Arkansas State Board of Collection Agencies**  
**523 South Louisiana Street, Suite 460**  
**Little Rock, Arkansas 72201**  
**501-371-1434 Phone Number**  
**501-372-5383 Fax Number**  
**rhetland@asbca.com**

**REQUEST TO SURRENDER COLLECTION AGENCY LICENSE FORM**

**COLLECTION AGENCY INFORMATION – PHYSICAL ADDRESS ONLY:**

If possible, please return the current Arkansas license with this form.

License Number: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Effective Date of Agency Closing: \_\_\_\_\_

If the agency records will be stored at a different location, please provide the address below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_