SECTION 7 -- ALL APPLICANTS

ALIAS/DESK NAME

Does your agency use alias/desk names? ☐ Yes ☐ No (*If "Yes," this form must be completed)*

Additional names which come into use during the year and any names discontinued shall be reported to the Collection Agency Board within 30 days of the time such additions or deletions are made within any agency. Please report only those changes to collectors that call into Wyoming.

Collection Agency Name: _____

City: _____ **State:** _____

NAME OF EMPLOYEE OR COLLECTOR	*DESK NAME USED*

Please attach additional sheets, as needed.