



THE STATE
of **ALASKA**
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

BUS

FOR DIVISION USE ONLY

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Business Licensing Section
Street: 333 Willoughby Avenue, 9th Floor, Juneau, AK 99801
Mail: PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Website: *BusinessLicense.Alaska.Gov*

Business License: Verification Request

12 AAC 02.105(2)

To request an official signed and sealed document verifying your Alaska business license to be sent to another state or agency, please complete this form and submit it along with the \$20.00 fee per verification. Submit additional forms if you require multiple verifications.

Online filing is not available for this form; submit this form by fax or mail only. Do not email this form or payment.

Processing Time: Standard processing time from March–September is 10–15 days. During heavy business license filing season, October–February, the processing time will be delayed. Filings are reviewed in date order received. We do not offer expediting services.

If you want the verification returned by express courier, include a prepaid addressed envelope with your request.

Fee (\$20 per request):	Quantity: _____	X	\$20.00	=	\$ _____
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1. Business to be verified (*must match name on business license certificate*):

Business Name: _____

Business License Number (*mandatory*): _____

2. Person REQUESTING the Verification:

Requester's Name: _____

Requester's Address: _____

Requestor's Phone #: _____ Email: _____

3. Person RECEIVING the Verification:

Receiver's Name: _____

Receiver's Mailing Address: _____



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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