



THE STATE  
of **ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**REC**

FOR DIVISION USE ONLY

**Real Estate Commission**

550 West 7<sup>th</sup> Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8168

Email: [RealEstateCommission@Alaska.Gov](mailto:RealEstateCommission@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/RealEstateCommission](http://ProfessionalLicense.Alaska.Gov/RealEstateCommission)

**Office Changes Application**

**PART I Payment of Fees**

<b>Required Fees:</b>	<input type="checkbox"/> Change Broker	<b>\$120.00</b> (For each licensee)
	<input type="checkbox"/> Change of Associate Broker in Charge	<b>\$120.00</b> (For each licensee)
	<input type="checkbox"/> Change Business Name	<b>\$120.00</b> (For each licensee)
	<input type="checkbox"/> Close Office (No Fee)	<b>\$0.00</b>

**PART II Change Information**

Enclose original license certificates (signed and dated by employing broker) of all licensees in office, including broker.

**Type of Office:**     Main Office                       Branch Office                       Referral Office

**Office Number:**

**PART III Main Office Information**

<b>Business Name:</b>				<b>Phone Number:</b>	
<b>Owner of Business:</b>	Print the name of Sole Owner, Corporation, LLC or LLP as applicable.				
<b>Corporation Entity #:</b>		<b>Partnership #:</b>		<b>LLC Entity #:</b>	
<b>Physical Address:</b>	Street	City	State	Zip	
<b>Mailing Address:</b>	P.O. Box or Street	City	State	Zip	
<b>Trust Account Name:</b>				<b>Trust Account Number:</b>	
<b>Bank Name:</b>				<b>Branch:</b>	
<b>Broker of Record:</b>				<b>License Number:</b>	

**PART IV Branch Office Information**

<b>Business Name:</b>		<b>Phone Number:</b>	
<b>Owner of Business:</b>	Print the name of Sole Owner, Corporation, LLC or LLP as applicable.		
<b>Corporation Entity #:</b>		<b>Partnership #:</b>	
		<b>LLC Entity #:</b>	
<b>Physical Address:</b>	Street	City	State Zip
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Trust Account Name:</b>		<b>Trust Account Number:</b>	
<b>Bank Name:</b>		<b>Branch:</b>	
<b>Associate Broker in Charge:</b>		<b>License Number:</b>	
<b>Associate Broker Signature:</b>		<b>Date Signed:</b>	



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**Office Changes Signature Page**

<b>Office Name:</b>	
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**PART V Agreement**

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

<b>Broker or Associate Broker in Charge Signature:</b>	<b>Date Signed:</b>
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## Partnership Affidavit

Each partner must sign this application.

<b>Name of Partnership:</b>			
<b>Date Formed:</b>		<b>Location:</b> (City, State)	
<b>Broker-in-Charge Name:</b>			
<b>Office Registered As:</b>			

The aforementioned partnership is a partnership by virtue of a partnership agreement executed on the date above. By action of the partners, the above-named broker has been named Broker-in-Charge of the partnership real estate office registered, with authority to manage all of the business conducted by the company which requires a real estate license according to AS 08.88.171.

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

<b>Partner #1 Name:</b>		<b>License Number:</b>	
<b>Partner #1 Signature:</b>		<b>Date Signed:</b>	
<b>Partner #2 Name:</b>		<b>License Number:</b>	
<b>Partner #2 Signature:</b>		<b>Date Signed:</b>	
<b>Partner #3 Name:</b>		<b>License Number:</b>	
<b>Partner #3 Signature:</b>		<b>Date Signed:</b>	
<b>Partner #4 Name:</b>		<b>License Number:</b>	
<b>Partner #4 Signature:</b>		<b>Date Signed:</b>	



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## Limited Liability Company Affidavit

<b>Name of Limited Liability Company:</b>			
<b>Date Formed:</b>		<b>Location:</b> (City, State)	
<b>Broker-in-Charge Name:</b>			
<b>License Number:</b>			
<b>Office Registered As:</b>			

The aforementioned limited liability company is a limited liability company by virtue of the Articles of Organization executed in accordance with AS 10.50 on the date above. By action of the members, the above-named broker has been named Broker-in-Charge of the office registered with the Real Estate Commission, with authority to manage all of the business conducted by the company which requires a real estate license according to AS 08.88.171.

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

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<b>Broker Signature:</b>		<b>Date Signed:</b>	
<b>LLC Manager Signature:</b>		<b>Date Signed:</b>	



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## Corporation Affidavit

Attach a list of all officers and directors. The corporate resolution naming the broker must be reflected in the minutes of a board meeting.

<b>Name of Corporation:</b>	
<b>Broker-in-Charge Name:</b>	
<b>License Number:</b>	

Be it resolved by the action and authority of the Board of Directors of the above-named corporation that the aforementioned broker has been designated Broker-in-Charge of the corporate real estate office in compliance with AS 08.88.161 and 12 AAC 64.065, the provisions of which are incorporated in this resolution by reference.

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

<b>Corporate Officer Signature:</b>		<b>Date Signed:</b>	
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PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550

## 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):

- |  | <b>AMOUNT</b> |
|--|---------------|
| <input type="checkbox"/> Application Fee: _____  | _____         |
| <input type="checkbox"/> License or Renewal Fee: _____   | _____         |
| <input type="checkbox"/> 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)

<b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>	
<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 <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>