



THE STATE  
of

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

**Audiologist and Speech-Language Pathologist Program**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

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

Website: [ProfessionalLicense.Alaska.Gov/AudiologistsAndSpeech-LanguagePathologists](http://ProfessionalLicense.Alaska.Gov/AudiologistsAndSpeech-LanguagePathologists)

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## Speech-Language Pathologist Assistant Registration Application Instructions

In accordance with AS 08.11.042(a), a person may not practice as a speech-language pathologist assistant in the state without registration under AS 08.11.

**The following items must be on file with our office before your application for Speech-Language Pathologist Assistant Registration will be reviewed:**

**1. APPLICATION**

A completed, signed application (#08-4094, pages 1-4).

**2. FEES**

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:

\$200.00

Speech-Language Pathologist Assistant Registration Fee:

\$ 70.00

**TOTAL FEES DUE**

**\$270.00**

**3. AUTHORIZATION FOR RELEASE OF RECORDS**

A completed Authorization for Release of Records form (#08-4094a).

**4. OFFICIAL TRANSCRIPT**

An official transcript of an associate of applied science degree in disabilities with a speech-language support emphasis from an accredited education institute or a bachelor's degree in speech-language pathology from an accredited institution.

**5. VERIFICATION OF TRAINING**

Satisfactory proof of the applicant having successfully completed 100 hours of field work supervised by a licensed speech-language pathologist, in accordance with AS 08.11.043(a)(2). This information should be documented with your transcript. If you received supervised field work through a university program, submit form #08-4094b.

– or –

If you received supervised field work outside of a university program, submit form #08-4094d.

**6. VERIFICATION OF LICENSURE**

A completed Verification of Licensure form (#08-4094c) from each U.S. state in which the applicant holds or has held a license to practice as a speech-language pathologist assistant. Make additional copies of the form, as needed.

## General Information

### APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

### PROFESSIONAL FITNESS QUESTIONS:

A “yes” response in the application does not mean your application will be denied. If you have responded “yes” to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

### DENIAL OF APPLICATION:

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

### RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

### ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

### CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a “certified true copy of the original document”. To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

### SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

### PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

### ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

### BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*

### STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

**PAYMENT OF CHILD SUPPORT:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

**STATUTES AND REGULATIONS:**

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



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**Speech-Language Pathologist Assistant**

**Registration Application**

**PART I Payment of Fees**

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	<b>\$200.00</b>
	<input type="checkbox"/> Registration Fee	<b>\$ 70.00</b>

**PART II Personal Information**

Full Legal Name:			
Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).			
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Other Names Used: _____			
Mailing Address:	P.O. Box or Street	City	State Zip
Contact Phone:	Date of Birth:		
<b>EMAIL AGREEMENT:</b> By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
Email Address:	Select One: <input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail		
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>			
<b>SOCIAL SECURITY NUMBER:</b> AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.			

### PART III Education/Graduate Education

List accredited college or university attended where associate of applied sciences or bachelor's degree in speech-language pathology was received. Please have official transcripts sent DIRECTLY to the Division.

Name of School	Location	Dates Attended		Degree	Date Awarded
		From:	To:		

### PART IV Professional Activities

List all current and previous speech-language pathology assistant licenses held in any municipality, state, territory, or country. If none, write N/A. Ensure verifications are sent to the Division directly from the governing body.

Municipality/State/Territory/Country	License Number	Issue Date	Status	Issued By
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity

### PART V Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an **explanation and documentation**. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

When in doubt about your response, disclose and provide the required explanation and documents. Applications submitted without the required attachments will be considered incomplete and will not be processed.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

#### When in doubt, disclose and explain.

- Have you been convicted of a crime or are you currently charged with committing a crime, or is any such action pending? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including (but not limited to) a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.  Yes  No
- Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?  Yes  No
- Within the past five years, have you experienced, or been diagnosed with, or been treated for, bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for reactive or situational depression), or any other mental or emotional illness?  Yes  No

**PART V Professional Fitness Questions (continued)**

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4. Within the past five years, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit-forming drugs?  Yes  No

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5. Within the past five years, have you had, or do you have a physical disability which may impair or interfere with your ability to practice speech-language pathology?  Yes  No

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"Yes" Answers

**If you answered "yes" to questions 3, 4, or 5,** in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice as a speech-language pathologist assistant. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

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**Signature Page**

<b>Applicant Name:</b>	
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**PART VI 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>Applicant Signature:</b>		<b>Date Signed:</b>	
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## Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for issuance of a speech-language pathologist assistant registration.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

<b>Name:</b>	First	Middle	Last
<b>Full Address:</b>	P.O. Box or Street	City	State Zip
<b>Phone:</b>			<b>Date of Birth:</b>
<b>Email:</b>			
<b>Signature:</b>			<b>Date Signed:</b>





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**Verification of 100 Hours of Supervision**

(For applicants who completed field work hours through a university program)

→ **Applicant:** Please complete the identifying information below and forward a copy of this form to the registrar of the college or university where you earned your degree.

<b>Applicant Name:</b>		<b>Date of Birth:</b>	
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Phone Number:</b>			
<b>Applicant Signature:</b>		<b>Date Signed:</b>	

→ **Registrar:** Please complete this bottom part for the applicant identified above and return the form directly to the Alaska Audiologist and Speech-Language Pathologist Program at the letterhead address. In lieu of this form, the State of Alaska will accept a verification letter on college or university letterhead that provides approximately the same information. This form may be submitted with the transcript to the division as part of his/her speech-language pathologist assistant application requirements.

<b>Applicant Name:</b>		<b>College or University Name:</b>	
<b>Date of Graduation:</b>		<b>Degree Type:</b> (Include Major/Minor)	
<b>Class Name:</b>		<b>Number of Hours:</b>	
<b>Supervisor Name:</b>		<b>SLP License Number:</b>	

By my signature below, I hereby certify that the applicant graduated from the above-named college or university with the degree, and on the date, listed above. As part of the degree program, the above-referenced student successfully completed 100 hours of field work supervised by a licensed speech- language pathologist as evidenced by the above.

College or University Seal	<b>Comments:</b>		
	<b>Registrar Signature:</b>		<b>Date Signed:</b>
	<b>Phone Number:</b>		



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## Verification of Speech-Language Pathologist Assistant License or Registration

→ **Applicant:**

Please complete the identifying information below and forward a copy of this form to all states, territories, or jurisdictions where you currently are or have ever been licensed or registered to practice as a speech-language pathologist assistant. *Make additional copies of this form, as needed.*

<b>Applicant Name:</b>		<b>Date of Birth:</b>	
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Applicant Signature:</b>		<b>Date Signed:</b>	

→ **Licensing Agency  
or State Board:**

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska Audiologist and Speech-Language Pathologist Program at the letterhead address.

<b>Licensee Name:</b> (As Shown in Your Records)		<b>License Number:</b>	
<b>Original Issue Date:</b>		<b>Expiration Date:</b>	
<b>License Status:</b>	<input type="checkbox"/> Current <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other: _____		
<b>Issued By:</b>	<input type="checkbox"/> Exam (Date: _____) <input type="checkbox"/> Credentials <input type="checkbox"/> Other: _____		
<b>Has there been any final disciplinary action taken against this licensee?</b> (If yes, please provide a copy of the disciplinary action document)			
<b>Derogatory Information, If Any:</b>			
Board Seal	<b>Board/Agency Name:</b>		
	<b>Printed Name:</b>	<b>Title:</b>	
	<b>Signature:</b>	<b>Date Signed:</b>	



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**Verification of 100 Hours of Field Work**

(For applicants who completed hours outside of a university program)



**Applicant:**

Please complete the identifying information below. It is the applicant's responsibility to request all necessary verifications and pay all applicable fees. Hours must be completed under the supervision of a speech-language pathologist licensed in Alaska.

<b>Applicant Name:</b>		<b>Date of Birth:</b>	
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Phone Number:</b>			
<b>Applicant Signature:</b>		<b>Date Signed:</b>	



**Supervisor:**

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska Audiologist and Speech-Language Pathologist Program at the letterhead address. In lieu of this form, the State of Alaska will accept a verification letter on college or university letterhead that provides approximately the same information. This form may be submitted with the transcript to the division as part of his/her speech-language pathologist assistant application requirements.

<b>Applicant Name:</b>		<b>Number of Hours:</b>	
<b>Supervisor Name:</b>		<b>SLP License Number:</b>	
<b>Comments:</b>			
By my signature below, I hereby certify that the above-named applicant has completed the hours listed above under my supervision.			
<b>Printed Name:</b>		<b>Phone Number:</b>	
<b>Signature:</b>		<b>Date Signed:</b>	



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## Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “Yes” answers. A “Yes” answer is not necessarily disqualifying but concealing one may be.

Each “Yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “Yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include but not be limited to: suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “Yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “Yes” to in the box.

<b>Location of Incident:</b>		<b>Date of Incident:</b>	
<b>Explanation of Incident:</b>			
<b>When in doubt, disclose and explain.</b> <b>Make copies as necessary.</b>			

**Did you attach all applicable documents associated with this incident?**

- Court orders     
  Consent agreements     
  Disciplinary actions     
  Charging documents  
 Court records     
  Fitness to practice     
  All other documentation related to this incident  
 I have additional incidents for this “Yes” answer, or “Yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

<b>Full Name:</b>		<b>PL Code:</b>	
<b>Signature:</b>		<b>Date:</b>	

**You must submit one form for each “Yes” answer. Make copies of this form as necessary.**



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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>