



THE STATE
of **ALASKA**

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

FOR DIVISION USE ONLY

Professional Licensing
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Email: license@alaska.gov
Website: ProfessionalLicense.Alaska.Gov

Voluntary License Return

- Your license will be made inactive on the date it is received by the Division.
- Voluntarily returned licenses will not receive mailings or email contact from the Division.
- Returned licenses may or may not be reinstated or renewed. Check with the Division for details.

PART I Licensee Information

Professional License Number:	
Professional License Type:	
DBA (if applicable):	
License Owner Name:	
Is your license certificate attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PART II Notarized Signature

----- <i>Printed Name</i>	----- <i>Title</i>
----- <i>Signature of License Owner or Registered Officer</i>	----- <i>Date</i>

Notary Stamp	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:		My Commission Expires:	