FOR DIVISION USE ONLY

Real Estate Commission

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8162

Bien	nial Course Recertification	
	Website: ProfessionalLicense.Alaska.Gov/RealEstateCommission	
	Email: RealEstateCommission@Alaska.Gov	
	Phone: (907) 269-8162	

February 1, 2024 - January 31, 2026

- This form is to request recertification of a previously approved course. Use one form for each course title.
- Certification for real estate course approval in the State of Alaska expires on January 31, 2024.
- A course cannot be offered for education credit to licensees if the course has expired.
- The biennial renewal fee is \$30.00 per credit hour of instruction.

PART I Payn	nent of Fees				
	Salesperson Pre-Licensing	(SPL)	☐ Broker Pre-Licensing (BPL)		.)
Credit Type:	Post-Licensing Education (F	PLE)	☐ Elective Continuing Education (ECE)		ation (ECE)
	☐ Designated Continuing Edu	ıcation (DCE)			
Required Fee:	Credit Hours Requested:		x \$30.0	0 = Total \$:	
PART II Pers	onal Information				
Course Title:			Course Numbe	r:	
Course Owner/Sponsor:					
Course Contact Person: Contact Phone:					
Mailing Address: Address change:	P.O. Box or Street	City		State	Zip
EMAIL AGREEMENT: 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:	Sond my Correspondence Flectron		•		
Note: If both boxes are selected above, you will receive correspondence electronically.					
PART III ListServ					
Would you like to be placed on the AREC ListServ to receive Commission news via email? Yes No					
If yes, please provide the email you would like registered with the ListServ:					

PART IV ACPE Certification Compliance				
As a course sponsor, I certify that I am in compliance with the Alaska Commission on Post Secondary Education (ACPE) requirements under Alaska Statute 14.48 (https://acpe.alaska.gov/ia).				
My current ACPE autho	rization, or exemption expires on:			
PART V Cours	e Changes			
My course conten	t has NOT changed since my last re	enewal		
My course conten	My course content HAS changed since my last renewal. I have attached documentation to justify the change.			
☐ I have include	☐ I have included an updated course outline and samples of any handouts and text materials.			
☐ I have included an updated certificate of completion and attendance policy, attendance form, or evaluation form.				
PART VI Course Information				
Courses will be re-certified for the subject areas from the prior approval unless otherwise indicated.				
If adding new core content areas, or course delivery methods, please indicate below; if changes to subject areas are added under course topics in Part VII; submit documentation to justify changes.				
	Real Estate Sales	Property Management	Commercial Sales	
Core Content Area(s):	Community Association Mana	agement		
Course Delivery	Classroom	Correspondence	☐ Video	
Method(s):	☐ Internet/Online	☐ Teleconferencing		

Course Topics PART VII Topic Number Subject Area Licensee Relationships 1 2 **Closing Transactions** Common Interest Ownership and Resale Certificates Required Under AS 34.08.590 Communications, Negotiations, and Real Estate Counseling Skills 5 Repealed 6/28/1997 Contracts 6 7 **Energy Conservation** 8 Health, Safety, Environmental Issues and ADA Compliance Fair Housing, and Equal Opportunity Laws 10 Financing Real Estate 11 Foreclosure, Judgements and Bankruptcy 12 **International Real Estate Transactions** Land Use, Planning, Zoning and Building Codes 13 14 **Legal Descriptions** 15 Listing Responsibilities 16 **Marketing Property** 17 **New Construction** 18 **Prohibited Conduct** 19 **Property Disclosure and Inspections** 20 **Residential Property Management** 21 **Property Valuation** 22 Real Estate Brokerage Management 23 Real Estate Investment Analysis 24 Real Estate Property Law 25 Real Estate License Law

Securities

26

PART VII Course Topics			
□ ²⁷	Title Insurance and Lien Law		
28	Trust Account Management		
29	rusts, Estates and Probate		
<u></u> 30	Ethical Decision Making in Real Estate Transactions		
31	Community Association Management		
32	Community Association Documents		
<u></u> 33	Risk Management		
□ 34	Alaska Landlord Tenant Law		
35	Customer Client Services		
<u></u> 36	Commercial Property Management		
37	Tax Law and Exchanges		
<u></u> 38	Broker Disclosure Responsibility		
39	Broker Supervision		
<u> </u>	Broker Trust Account Responsibility		
<u> </u>	Organizing and Managing a Real Estate Office		

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Signature	Page

Applicant Name:	

PART VIII 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.

Applicant Signature:		Date Signed:	
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State of Alaska

Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing 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 credit card payment form with your application.	card information. Include this
Name of Applicant or Licensee:	
Profession Type (e.g., Acupuncture):	_
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 (fine, exam, etc.):	
1	
2	
TO [*]	TAL:
Name (as shown on credit card):	
Mailing Address:	
Phone Number: Email (optional):	
Signature of Credit Card Holder:	
08-4438 Rev 12/06/2022 Credit Card Payment Form (all r	maior cards accepted)
CREDIT CARD INFO: Your payment cannot be processed unless	s all fields are completed!
	All 3 fields MUST be
1. Credit Card Number:	completed!
2. Expiration Date: 3. Security Code:	This section will be destroyed after the payment is processed.