



THE STATE  
of **ALASKA**

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

**COR**

FOR DIVISION USE ONLY

**Corporations Section**

Street: State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor  
 Mail: PO Box 110806, Juneau, AK 99811-0806  
 Phone: (907) 465-2550 • Fax: (907) 465-2974  
 Email: [corporations@alaska.gov](mailto:corporations@alaska.gov)  
 Website: [Corporations.Alaska.Gov](http://Corporations.Alaska.Gov)

**TRANSFER Application Only**

**Business Name Reservation**

**AS 10.35**

- The holder of a business name reservation may transfer the business name reservation and the rights to the exclusive use of the name to another person. — AS 10.35.030
- Transferring a business name reservation does not change the expiration date of the name reservation.

<b>Required Fee:</b>	<input type="checkbox"/> Nonrefundable Filing Fee (CORF) 3AAC 16.010	<b>\$25.00</b>
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<b>Business Name Reservation TRANSFERRING:</b>	<b>Business Name Reservation Number:</b>																
<p style="text-align: center;">(must exactly match name reservation on record)</p>	<table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> </tr> <tr> <td colspan="8" style="text-align: center;">(mandatory)</td> </tr> </table>									(mandatory)							
(mandatory)																	

<b>Owner's Name on Record:</b>
<input type="checkbox"/> By checking this box, the owner on record of the above business name reservation agrees to transfer all rights to the exclusive use of the business name reservation to the new owner (transferee) listed below.

<b>New Owner (Transferee) Name:</b>	
<b>Complete Mailing Address:</b>	
<b>Complete Physical Address:</b>	

<b>Signature of Owner transferring the Business Name Reservation:</b>			
<p>This Business Name Reservation Transfer form must be signed by the Owner on record. If the Owner is an entity, then the signer must be authorized to sign on behalf of the owner entity.          (For example: John Smith, President of owning entity XYZ Incorporated.)</p>			
Sign	Print Name	Title	Date



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**Contact Information**

- Return this form with your filing
- This information may be used by the Division to assist with processing your attached filings
- This form will not be filed for record, or appear online

<b>Entity Information</b>		Enter your entity information as it appears on this filing.	
Entity Name:			
AK Entity #:			

<b>Contact Person</b>		Whom may we contact with any questions or problems with this filing?	
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:
Phone:			
Email:			

<b>Document Return Address</b>		Provide an address for the return of your filed documents.	
<input type="checkbox"/> Return my filings to the address provided <b>ABOVE</b>			
<input type="checkbox"/> Return my filings to this address provided <b>BELOW</b>			
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:



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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):

- |  | <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>