



State of Alaska
 Division of Corporations, Business and Professional Licensing
CORPORATIONS SECTION
 PO Box 110806
 Juneau, AK 99811-0806
 Phone: (907) 465-2550
 Fax: (907) 465-2974
 Website: www.commerce.alaska.gov/occ

DO NOT STAMP ABOVE THIS BOX

Office Use Only **CORP**

COPY REQUEST FORM: CORPORATIONS SECTION ONLY

The Division of Corporations, Business and Professional Licensing can only certify and apostille documents on record with this Division. If you are seeking certificates of authentication or apostilles for other documents (i.e. vital records) these may be obtained through the Lieutenant Governor's office, for more information go to the Lieutenant Governor's website at <http://ltgov.alaska.gov/> and click *Services*.

Name of company or individual requesting information: _____

Mailing address to send completed request: _____

Address or PO Box _____ City _____ State _____ Zip _____

Contact Person: _____ Phone Number: _____

Email address: _____

CORPORATIONS SECTION ONLY COPY REQUEST:

Entity Name: _____	
Alaska Entity Number: _____	
Entity's Certificate of Good Standing / \$10.00 each (non-refundable) <i>(Certificate of Good Standing, Certificate of Compliance and a Good Standing Certificate for an entity all have the same meaning.)</i>	Quantity _____ x \$10 = \$ _____
Copy of Entity's Documents / \$10.00 each document (non-refundable) <i>(i.e. Articles, Amendments, Mergers, and Biennial Report)</i> Indicate type of documents requested: _____	Quantity _____ x \$10 = \$ _____
Copy of Entire Entity's File / \$30.00 each entity's file, up to 50 pages and \$1.00 per page for each additional page above 50	Quantity _____ x \$30 = \$ _____
Entity's Certified Document Fee / \$5.00 each certified copy (non-refundable) <i>(For Certified entity documents add the Certified Fee to your request)</i>	Quantity _____ x \$5 = \$ _____
Entity Apostille Fee / \$25.00 each apostilled document (non-refundable) <i>(For apostilled entity documents add the apostille fee to your request. Note: To apostille vital record documents contact the Lieutenant Governor's office.)</i> You must list the country this apostille is for: _____	Quantity _____ x \$25 = \$ _____
Total Fees: \$ _____	

Submit your copy request and fees to the Corporations Section at the address listed above. Make check or money order payable to the State of Alaska, or complete the attached credit card payment form.

For Free Copies

In many cases you may obtain copies of filed entity documents online at no charge. Search by entity name, entity number, officer name, or registered agent by going to Search Corporations Database in the Corporations Section at www.commerce.alaska.gov/occ.



State of Alaska
 Department of Commerce, Community, and Economic Development
 Division of Corporations, Business and Professional Licensing
 PO Box 110806, Juneau, Alaska 99811-0806
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 Fax: (907) 465-2974

OFFICE USE ONLY

CREDIT CARD PAYMENT

For security purposes, please **do not email** credit card information. Fax or mail this form to the Division. Completion of this form is not proof of payment until the division processes the information contained herein. If any information on this form is illegible, the form will be rejected. Please print.

Name of Applicant or Licensee: _____
Corporate or Individual (first, middle, last)

License Number (if applicable): _____

Type of License: _____

I wish to make payment by credit card for the following (check all that apply):

	Amount
<input type="checkbox"/> Application fee	_____
<input type="checkbox"/> License (or renewal) fee	_____
<input type="checkbox"/> Fine	_____
<input type="checkbox"/> Other (specify): _____	_____
Total:	_____

Print Name on Credit Card: _____

Complete Mailing Address: _____

Telephone Number: _____

Email Address (optional): _____

Credit Card Type (check one): VISA MASTERCARD

Signature of Credit Card Holder: _____

Card Number: _____ **Expiration Date:** _____

The bottom section of this form will be destroyed upon processing of the payment.