



THE STATE
of **ALASKA**

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

BAH

FOR DIVISION USE ONLY

Board of Barbers and Hairdressers

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfBarbersHairdressers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers

Change of Location Address for Shops

Please complete this form showing your old and new location addresses. **Emailed applications will not be accepted.** Submit the following with this completed form for approval of the location change:

- Inspection report from the DEC, if you are providing tattoo/permanent cosmetic coloring or body piercing services.
- Certification of Compliance with 18 AAC 23 (form #08-4546a) and/or an inspection report issued by the Municipality of Anchorage.
- \$5.00 fee made payable to "State of Alaska" in accordance with 12 AAC 02.140.

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Change of Location Address Fee	\$5.00
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PART II Shop Information

Shop Owner Name:				
Business Name: (DBA)				
Shop Owner License Number:			Phone Number:	
OLD Location Address:	Street	City	State	Zip
NEW Location Address:	Street	City	State	Zip
Is this also a mailing address change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Inspection report attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

PART III Signature

Licensee Printed Name:	New Location Effective Date:	
Licensee Signature:	Date Signed:	



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Certification of Compliance with 18 AAC 23

For shops not providing tattooing, body piercing, or permanent cosmetic coloring. This form must be completed to show compliance with 18 AAC 23 and 12 AAC 09.110(a)(7). If the owner is a partnership, all partners must sign the form.

PART I Shop Information

Name of Owner(s):	Last	First	Middle
Name of Owner(s):	Last	First	Middle
Name of Shop:			
Shop Physical Address:	Street	City	State Zip

PART II Notarized Signature

The above owners certify to have read 18 AAC 23, Environmental Health Safety Requirements, which pertains to Hair and Body Art Schools and Shops. It is understood that by signing this certification I/we are in compliance with the environmental health safety requirements of 18 AAC 23 and will remain so at all times while holding a shop or school license for barbering, hairdressing, esthetics or manicuring issued by the Board of Barbers and Hairdressers.

I/we understand the Division may deny, suspend or revoke the license of a person who has obtained or attempted to obtain a license by fraud or deceit. The person may also be subject to criminal charges for unsworn falsification under Alaska Statute 11.56.210.

Notary Stamp	Applicant #1 Printed Name:			
	Applicant #1 Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	

PART III Notarized Signature (If Partners)

Notary Stamp	Applicant #2 Printed Name:			
	Applicant #2 Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



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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): **AMOUNT**

Application Fee: _____

License or Renewal Fee: _____

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)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
1. Account Number: _____	All four fields MUST be completed! This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Billing ZIP Code: _____	
4. Security Code: _____	