



THE STATE
of **ALASKA**
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

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FOR DIVISION USE ONLY

Home Inspector Program
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550
Email: HomeInspectors@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/HomeInspectors

Request for Surety Bond Research

Disclaimer: While the Division of Corporations, Business and Professional Licensing strives to provide accurate information, the Division does not make any claims or guarantees about the accuracy or completeness of received bond information. Any actions that you take upon the information contained in these documents is strictly at your own risk. Consult an attorney if legal advice is needed.

Number of bond research requests: X \$30 = \$ Delivery by: Email Mail

BOND RESEARCH INFORMATION:

Home Inspector DBA Name:	
Home Inspector License Number:	

REQUESTOR INFORMATION:

Company or Individual Name:	
Contact Person:	
Mailing Address:	
Contact Phone:	

Email Address:	
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State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Street: 333 Willoughby Avenue, 9th Floor, Juneau, AK 99801
Mail: PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

CREDIT CARD PAYMENT

For security purposes, do not email credit card information. Mail this credit card payment form to the division. Do not email or fax. Completion of this form is not proof of payment until the division processes the information. If any information on this form is illegible, the form will be rejected.

Name of Applicant or Licensee: _____

License 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 05/01/18

Credit Card Payment Form

VISA or Mastercard Number: _____ **Expiration Date:** _____

Billing ZIP Code: _____ **3-Digit Security Code:** _____

This section below the dotted line will be destroyed upon processing of the payment.