



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

CON

FOR DIVISION USE ONLY

Contractor Licensing Section
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: ConstructionContractors@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/ConstructionContractors

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 released 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:

Contractor DBA Name:	
Contractor License Number:	

REQUESTOR INFORMATION:

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

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:	
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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!	
<p>1. Credit Card Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Security Code: _____</p>	<p>All 3 fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>