



THE STATE  
of **ALASKA**

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

**GUI**

FOR DIVISION USE ONLY

**Big Game Commercial Services Board**

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

Email: [BigGameCommercialServicesBoard@Alaska.Gov](mailto:BigGameCommercialServicesBoard@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BigGameCommercialServicesBoard](http://ProfessionalLicense.Alaska.Gov/BigGameCommercialServicesBoard)

**Transporter License Renewal**

**January 1, 2024 — December 31, 2025**

- Your license lapses after December 31, 2023. There is no grace period — it is illegal to work if your license has lapsed.
- Emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your license certificate will be available for printing via the MY LICENSE self-service portal.

**PART I Payment of Fees**

<b>Alaska Residents:</b>	<input type="checkbox"/> Full-Term Biennial License Renewal <i>(for licenses first issued on or before December 31, 2022)</i>	<b>\$850.00</b>
	<input type="checkbox"/> Prorated Biennial License Renewal <i>(for licenses first issued on or after January 1, 2023)</i>	<b>\$425.00</b>
<b>Non-Residents:</b>	<input type="checkbox"/> Full-Term Biennial License Renewal <i>(for licenses first issued on or before December 31, 2022)</i>	<b>\$1700.00</b>
	<input type="checkbox"/> Prorated Biennial License Renewal <i>(for licenses first issued on or after January 1, 2023)</i>	<b>\$850.00</b>

**PART II Personal Information**

<b>DBA Name:</b>		<b>Individual Responsible for Managing Business Activities:</b>	
<b>Mailing Address:</b> Address change: <input type="checkbox"/>	P.O. Box or Street	City	State Zip
<b>AK Transporter License Number:</b>		<b>Contact Phone:</b>	
<b>EMAIL AGREEMENT:</b> 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.			
<b>Email Address:</b>		<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>			

## PART III Ownership Information

If there has been a change in ownership since your last renewal, **you may not renew that license**; you must apply for a new license by submitting an initial application.

Changing, adding or removing officers of a corporation, or members or managers of an LLC or Limited Liability Partnership (LLP), does not require a change to your current license.

**Please complete the appropriate table below according to your business ownership type. Attach additional pages as necessary.**

Sole Proprietorship    Partnership    Corporation    LLC or LLP

<b>Alaska Entity Number:</b>			
<b>Full Name</b>	<b>Address</b>	<b>Social Security Number*</b>	<b>Date of Birth*</b>

*\*Sole proprietorship and partners only. AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.*

## PART IV Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

**For each "yes" response to any question, you must provide an explanation and documentation.** Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

### When in doubt, disclose and explain.

#### ***Since the date your last Alaska license was issued or renewed:***

1. Has there been a change of ownership?  
If yes, then you are not eligible for renewal. You must reapply using form #08-4007. (Changing, adding or removing officers of a corporation, or members or managers of an LLC or limited liability partnership (LLP), does not count as a change of ownership.)  Yes  
 No

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2. Are there any unsatisfied judgments against you resulting from your transportation services?  Yes  
 No

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3. Are you aware of any investigations against you in any state, jurisdiction, or in Canada?  Yes  
 No

**PART IV Professional Fitness Questions (continued)**

4. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes but is not limited to a misdemeanor, felony, or a military offense, including a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.  Yes  No

5. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?  Yes  No

6. Have you been convicted of violating a state or federal hunting, guiding, or transportation services statute or regulation?  Yes  No

7. Have you been convicted of a state or federal hunting, guiding, or transportation services statute or regulation within the last 12 months for which you received an unsuspended fine of more than \$2,000?  Yes  No

8. Have you been convicted of a state or federal hunting, guiding, or transportation services statute or regulation within the last 36 months, for which you received an unsuspended fine of more than \$3,000?  Yes  No

9. Have you been convicted of a state or federal hunting, guiding, or transportation service statute or regulation within the last 60 months, for which you received an unsuspended fine of more than \$5,000?  Yes  No

10. Have you secured or attempted to secure a transportation services license through deceit, fraud, or intentional misrepresentation?  Yes  No

11. Have you failed to comply with an order issued by the Big Game Commercial Services Board?  Yes  No

12. Have you continued or attempted to provide transportation services after becoming unfit due to professional incompetence?  Yes  No

13. Have you provided transportation services illegally?  Yes  No

"Yes" Answers

If you answered "yes" to any question above, you MUST submit a full explanation of the circumstances of the events in your own words on a separate attachment. You MUST also submit all applicable supporting documents (court records, charging documents, judgments, certificate of completion, board actions, investigation notices, etc.).

**PART V Additional Questions**

1. Have you been a state or federal law enforcement officer engaged in fish and wildlife protection in the past three months? If yes:  Yes  No

<b>Date of Termination:</b>	
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2. Have you been employed by the Department of Fish and Game or a federal wildlife management agency as a game or wildlife biologist within the last twelve months? If yes:  Yes  No

<b>Game Management Unit(s):</b>			
<b>Hire Date:</b>		<b>Termination Date:</b>	

3. Did you personally pilot an aircraft and/or watercraft to transport clients in 2022?  Yes  No

4. Did you personally pilot an aircraft and/or watercraft to transport clients in 2023?  Yes  No

5. Will you personally pilot an aircraft and/or watercraft to transport clients in 2024 and/or 2025?  Yes  No

6. If yes to question 3,4, or 5, do you have at least 500 hours of flying time in Alaska or possess a valid commercial pilot's license?  Yes  No

Select ONE (1) of the following:

- I have a minimum of 500 hours of flying experience in Alaska.
- I have an FAA commercial pilot's certificate.

<b>Certificate Number:</b>	
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**IMPORTANT:** You must provide copies of all FAA licenses applicable to your operation.

7. Do you plan to operate a motorized vessel in Navigable Waters? If yes:  Yes  No

<b>U.S. Coast Guard Operator's License #:</b>		<b>Expiration Date:</b>	
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**IMPORTANT:** You must provide copies of all USCG licenses applicable to your operation.

8. Have you submitted all activity reports for the previous licensing period in accordance with AS 08.54.660?  Yes  No

9. Are you a resident\* of the State of Alaska as defined by AS 16.05.940(27)?  Yes  No

\*"Resident" means a person who for the 12 consecutive months immediately preceding the time when the assertion of residence is made has maintained the person's domicile in the state and who is neither claiming residency in another state, territory, or country nor obtaining benefits under a claim of residency in another state, territory, or country; a partnership, association, joint stock company, trust, or corporation that has its main office or headquarters in the state; a natural person who does not otherwise qualify as a resident under this paragraph may not qualify as a resident by virtue of an interest in a partnership, association, joint stock

company, trust, or corporation; a member of the military service, or United States Coast Guard, who has been stationed in the state for the 12 consecutive months immediately preceding the time when the assertion of residence is made; a person who is the dependent of a resident member of the military service, or the United States Coast Guard, and who has lived in the state for the 12 consecutive months immediately preceding the time when the assertion of residence is made; or an alien who for the 12 consecutive months immediately preceding the time when the assertion of residence is made has maintained the person's domicile in the state and who is neither claiming residency in another state, territory, or country nor obtaining benefits under a claim of residency in another state, territory, or country.

**PART VI Contract Information**

Will you contract to provide transportation services during the licensing period January 1, 2024, through December 31, 2025?

- No.** If this should change during the licensing period, I certify that I will notify the department within ten days of any change to the above. 12 AAC 75.420(c)
- Yes.** I will be contracting to provide transportation services during the licensing period. I certify that I will possess and maintain, during the licensing period, assets, general liability insurance, or a bond totaling at least a minimum of \$100,000 that will be available for payment of a judgment against me resulting from my transporter service (AS 08.54.680 and 12 AAC 75.420(b)(1)). If this should change during the licensing period, I certify that I will notify the department within ten days of any change to the above.

I am providing proof of financial responsibility of at least \$100,000 to the division in the form of **(IMPORTANT: If providing insurance or bond, you MUST provide an actual copy of your insurance or bond, per 12 AAC 75.900(e)(3))**:

- Insurance

<b>Name of Company Providing Insurance:</b>		<b>Policy Number:</b>	
<b>Type of Coverage:</b>		<b>Amount of Coverage:</b>	

- Bond

<b>Name of Company Issuing Bond:</b>		<b>Bond Number:</b>	
<b>Type of Coverage:</b>		<b>Bond Amount:</b>	

- Assets

If you are providing assets as proof of financial responsibility, you must attach a signed, dated and itemized statement to include the following:

- The current market value if the assets were sold/withdrawn and converted to cash immediately.
- Identification of any lien on the asset (mortgage, etc.) or penalty for early withdrawal of the account.
- The current market value of the assets minus any liens or penalties equals or exceeds \$100,000.
- The assets are available for payment of a legal judgment against you.



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**Signature Page**

<b>Applicant Name:</b>	
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**PART VII Agreement**

In compliance with AS 08.54.680, I certify that I will maintain, during the licensing period, assets, general liability insurance, or a bond totaling at least a minimum of \$100,000 that will be available for payment of a judgment against the business resulting from our transportation. I will notify the department within 10 days of any change to the information provided, as required by 12 AAC 75.420(c).

I certify that the information on this form is true and correct to the best of my knowledge and that all credentials supplied by me to support my application are true and correct. By signing this document, I am also attesting to the fact that all transporter activity reports due during the 2022 and 2023 term have been returned to the department in compliance with AS 08.54.660(b). I understand that the board may deny, suspend, or revoke the license of a person who has obtained or has attempted to obtain a license by fraud or deceit. I acknowledge that any person may be subjected to criminal charges for unsworn falsification as specified by AS 11.56.210 and I will not hold the board or the department responsible for any misinformation I provide on this form.

<b>Applicant Signature:</b>		<b>Date Signed:</b>	
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**Before mailing this renewal application, have you:**

- completed all questions on the form?
- attached your check for fees payable to the State of Alaska or credit card payment form?
- signed and dated the renewal form?
- submitted all supporting documents for any "yes" answers?

## General Information

### APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

### LICENSE TERM:

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on December 31 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. Renewal applications become available 30-90 days prior to the expiration date. One renewal notice will be sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not alleviate the requirement to renew the license if you wish to continue providing services in Alaska.

### PROFESSIONAL FITNESS QUESTIONS:

A "yes" response in the application does not mean your application will be denied. If you have responded "yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

### RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

### ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

### SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

### PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

### ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

### PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

### STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



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## Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “yes” answers. A “yes” answer is not necessarily disqualifying but concealing one may be.

Each “yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “yes” to in the box.

<b>Location of Incident:</b>		<b>Date of Incident:</b>	
<b>Explanation of Incident:</b> When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

**Did you attach all applicable documents associated with this incident?**

- Court Orders     
  Consent Agreements     
  Disciplinary Actions     
  Charging Documents  
 Court Records     
  Fitness to Practice     
  All Other Documentation Related to This Incident  
 I have additional incidents for this “yes” answer, or “yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

<b>Full Name:</b>		<b>Program:</b>	
<b>Signature:</b>		<b>Date Signed:</b>	





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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: \_\_\_\_\_

Profession Type (e.g., Acupuncture): \_\_\_\_\_

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 (fine, 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 12/06/2022

Credit Card Payment Form (all major cards accepted)

<b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>	
1. Credit Card Number: _____	All 3 fields <b>MUST</b> be completed!  This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Security Code: _____	