



THE STATE

of

ALASKA

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

Real Estate Commission

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8160

Email: RealEstateCommission@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/RealEstateCommission

Real Estate Salesperson by Examination Application Instructions

The following must be received by the division before your application for Real Estate Salesperson by Examination can be considered complete:

1. APPLICATION

A signed, completed application (#08-4179, pages 1-4).

2. FEES

Fees made payable to "State of Alaska" in accordance with 12 AAC 02.360(a){8} OR 12 AAC 64.059(g){l} and 12 AAC 02.360(a){4}

Nonrefundable Application Fee	\$200.00
License Fee:	\$120.00
Recovery Fund Fee:	\$ 50.00

3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4179a).

4. EDUCATION

A certificate of completion of the required 40 hours of pre-licensing education. Education certificates are **valid only for 18 months from date of completion**. You must have a complete application filed with the Alaska Real Estate Commission prior to the expiration of the education [AS 08.88.091(b); AS 08.88.171(c); 12 AAC 64.059(b){4)].

5. EXAM

An exam score sheet verifying proof of passing the Alaska Real Estate Salesperson examination. Exam scores are **valid ONLY for six months from the date of exam**. You must have a complete application filed with the Alaska Real Estate Commission prior to expiration of the exam scores. For information and the application for examination, contact Pearson VUE at 1-800-274-5992 or www.pearsonvue.com [AS 08.88.171(c), AS 08.88.263(1) and 12 AAC 64.059(c){2} and (3), and 12 AAC 64.060(e)].

6. VERIFICATION OF LICENSURE

A Verification of Licensure from each jurisdiction where you hold or have ever held a Real Estate license. License histories/certifications must be sent directly from another licensing authority to the Alaska Real Estate Commission. License histories/certifications cannot be accepted directly from applicants [12 AAC 64.060(h)].

7. EMPLOYING BROKER INFORMATION

A completed Employing Broker Information form (#08-4179b) is required under AS 08.88.291.

8. ERRORS & OMISSIONS INSURANCE

Proof/verification of E & O Insurance coverage. Proof/verification of E & O Insurance coverage is required under AS 08.88.172.

General Information

ERRORS AND OMISSIONS INSURANCE:

All licensees are required to obtain and submit proof of E & O Insurance, either through the Master Policy offered by RISC or through equivalent coverage. All licensees are required to submit verification that they have met the E & O requirement.

POST LICENSING EDUCATION:

All new licensees are required to complete 30 hours of post-licensing education (PLE). This education must be completed within one year after the date of initial salesperson or broker licensure. This is in addition to the 20 hours of continuing education that you must complete to renew your license. After the required 30 hours of PLE is completed, an Affidavit of Post Licensing Education form (#08-4326) MUST be submitted to the Real Estate Commission. Copies of all certificates of the completed education and appropriate fees must accompany the PLE Affidavit within 30 days after the 1-year period of initial licensure [AS 08.88.095] or the license will lapse. New licensees applying for licensure by endorsement who hold an active and valid real estate license in another state and have been licensed by that state for 1 year or more are NOT required to complete PLE [AS 08.88.263(3)].

Additional information about post-licensing requirements is available on the Commission web site:

Professionallicense.Alaska.Gov/Rea/EstateCommission

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.

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.

DENIAL OF APPLICATION:

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

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.

CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a “certified true copy of the original document”. To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

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.

BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*

STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

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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Real Estate Salesperson by Examination Application

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	\$200.00
	<input type="checkbox"/> License Fee	\$120.00
	<input type="checkbox"/> Recovery Fund Fee	\$ 50.00

PART II Personal Information

Full Legal Name:				
Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).				
<input type="checkbox"/> Not Applicable				
<input type="checkbox"/> Other Names Used: _____				
Mailing Address:	P.O. Box or Street	City	State	Zip
Contact Phone:	Date of Birth:			
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:	Select One:		<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>				
SOCIAL SECURITY NUMBER: AS 08.01.060 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 III ListServ

Would you like to be placed on the AREC ListServ to receive Commission news via email?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the email you would like registered with the ListServ:		

PART IV Professional License(s)

Please list all states or jurisdictions in which you are currently, or ever have been licensed/certified in the Real Estate profession. License verifications must be sent directly to the Alaska Real Estate Commission from another licensing authority. If you run out of space below, please include a separate sheet with the additional license information.

Check here if none.

State or Jurisdiction	License Number	License Category	Active or Inactive	Expiration Date
			<input type="checkbox"/> Active <input type="checkbox"/> Inactive	
			<input type="checkbox"/> Active <input type="checkbox"/> Inactive	
			<input type="checkbox"/> Active <input type="checkbox"/> Inactive	
			<input type="checkbox"/> Active <input type="checkbox"/> Inactive	

PART V 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.

- Have you ever 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
- Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to, 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
- Have you ever had a fidelity bond denied or revoked? Yes No
- Are you the subject of an unresolved complaint or disciplinary action before a real estate regulating authority or a professional real estate association? Yes No
- Have you ever had a lawsuit filed against you alleging deceit, fraud, misrepresentation or conversion of funds? Yes No

"Yes" Answers

If you answered "yes" to any of the above questions, you must submit signed and dated documentation explaining the specific circumstance(s) of the incident(s).

PART VI Proof of Errors & Omissions Insurance

All licensees are required to obtain and submit proof of E & O insurance, either through the master policy offered by RISC or through equivalent coverage. Those licensees who choose to obtain E & O insurance through equivalent coverage will be required to submit a form completed by their insurance provider that certifies the licensee has met the E & O requirements per 12 AAC 02.510.

Check the box that applies:

- I have obtained coverage through the master policy offered by RISC.
- I have an E & O insurance policy with a deductible of NOT MORE THAN \$5,000; and
I have attached or submitted a certificate of insurance from my insurance provider.
- I have an E & O insurance policy with a deductible of MORE THAN \$5,000 or self-insured retention; and
I have attached or submitted a notarized affidavit certifying that I have financial resources in set-aside funds to pay the higher deductible amount or self-insured retention; and
I have attached or submitted a certificate of insurance from my insurance provider.

Per 12 AAC 02.530(2), a broker of other real estate licensees may comply with the requirements of 12 AAC 02.510(a)(I) and (2) by obtaining insurance with coverage of a minimum of \$300,000 per wrongful act and \$1,000,000 aggregate, if all licensees associated with the broker are covered.

- I have E & O insurance coverage through my real estate brokerage.
- I have attached or submitted a certificate of insurance from the insurance provider.

12 AAC 02.530. STANDARDS FOR EQUIVALENT COVERAGE. An insurer issuing equivalent coverage under AS 08.88.172(c)(2) shall hold a certificate of authority issued under AS 21.09. All activities contemplated under AS 08.88.172 must be covered. The insurance must meet the minimum coverage standards of 12 AAC 02.510, except that

(1) a policy with a higher deductible amount or self-insured retention will qualify as equivalent coverage for purposes of AS 08.88.172(c)(2) if, when applying to obtain or renew the license, the insured licensee provides the Real Estate Commission with

(A) an affidavit certifying that the insured licensee has the financial resources in set-aside funds to pay the higher deductible amount or self-insured retention; and

(B) a certificate of insurance from the insured licensee's insurer; and

a broker employing other real estate licensees may comply with the requirements of 12 AAC 02.510(a)(I) and (2), by obtaining insurance with coverage of a minimum of \$300,000 per wrongful act and \$1,000,000 aggregate, if all licensees associated with the broker are covered.



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Signature Page

Applicant Name:	
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PART VII Agreement

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant Signature:	Date Signed:	
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Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, psychological, drug, or alcohol evaluation, counseling, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment, including all information previously identified, collected, or stored under the authority of any state or federal law, including 42 CFR Part 2.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for issuance of a license as a real estate salesperson by exam.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

Name:	First	Middle	Last
Full Address:	P.O. Box or Street	City	State Zip
Phone:			Date of Birth:
Email:			
Signature:			Date Signed:



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Employing Broker Information

Applicant Name:	
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PART I Business Information (Required)

Real Estate Office Name: (Main or Branch)				
Real Estate Office License Number:				
Business Physical Address:	Street	City	State	Zip

PART II Broker Information (Required)

Employing Broker Printed Name:			
Broker License Number:	Broker Phone Number:		
Broker Signature:	Date Signed:		

PART III Associate Broker Information (Required *only if working in a branch office*)

Associate Broker Printed Name:			
Associate Broker License Number:			
Associate Broker Signature:	Date Signed:		



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Professional Licensing

PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: License@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov

Authorization to Discuss Professional License Application and Information

Division staff is authorized to communicate only with the applicant. If the applicant is using a credentialing agency or is accepting assistance from a staffing or employment agency, division staff must have a signed release from the applicant to discuss the application and share information on file.

To authorize communication, please complete this form and file with your application.

PART I Applicant/Agency Information

Name of Applicant:			
Program:			
Applicant Email:		Applicant Phone:	
Authorized Agency:		Agency Phone:	
Authorized Individual:		Email:	

PART II Signature

I hereby authorize staff of the Alaska Division of Corporations, Business and Professional Licensing to share and exchange information relating to my licensing application with the above-named authorized agency and individual.

This release applies to status updates, documents, and any other information required to complete my application for licensure in the State of Alaska.

- I give permission for you to discuss the contents of my license file with the above-named person until the date my license is issued.
- I give permission for you to discuss the contents of my license file with the above-named person until I withdraw permission.

Applicant Signature:		Date:	
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Information for credentialing, staffing or employment agencies:

- Licensing staff will respond to no more than two inquiries from agencies each month. Every effort will be made to respond to inquiries quickly, please allow 10 business days for this request to be processed.
- Applicants are emailed with a status update and may contact staff to query application status at any time.
- The division will not accept applications that list an agency address as the practice address and will likewise not accept the telephone numbers or email addresses for such agencies as the applicant's own. The division may only accept those addresses, phone numbers, and email addresses if the applicant is actually practicing in that office. Alaska law requires the applicant to provide their information, not the agency information.



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Professional Licensing

PO Box 110806, Juneau, AK 99811

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Email: License@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov

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.

Location of Incident:		Date of Incident:	
Explanation of Incident: 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.

Full Name:		Program:	
Signature:		Date Signed:	



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PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

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)

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