



Real Estate Appraisers Program

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

Phone: (907) 269-7140

Email: BoardOfRealEstateAppraisers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfRealEstateAppraisers

Appraisal Management Company Application Instructions

The following must be received by the division before your application for Appraisal Management Company can be reviewed:

1. APPLICATION

A signed, completed application (#08-4788, pages 1-4).

- a. Names of all owners and principal corporate officers;
- b. Name of controlling person;
- c. Service of Process address;
- d. If the company is not a corporation that is domiciled in the State of Alaska, the name and address of the company's agent in Alaska will need to be provided;
- e. List of all states where the appraisal management company performs appraisals;
- f. List of all appraisers on the appraiser panel qualified to conduct federally related transactions.

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$ 500.00

Initial Registration Fee: \$ 700.00

Total Fees Due: \$1,200.00

3. OWNERSHIP AND/OR CONTROLLING PERSON CERTIFICATION

A controlling person and all persons who own 10% or greater of the company must each complete, sign and have notarized this section (#08-4788a).

4. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4788b) for each person who owns 10% or greater.

- a. This form must be completed by each individual noted above.

5. SURETY BOND

Original documentation or copy of a surety bond in the amount of \$50,000 (#08-4788c).

ANNUAL FEDERAL REGISTRY FEE

- The annual federal registry fee is not collected as a part of this application.
- This fee is \$25 for each appraiser on the appraiser panel performing one or more appraisals for covered transactions in Alaska within the preceding calendar year (January 1st - December 31st).
- Annual federal registry fees for the prior calendar year are due by June 30th of the following year.

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.

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*



THE STATE
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Appraisal Management Company

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	\$500.00
	<input type="checkbox"/> Initial Registration Fee	\$700.00

PART II Registration Information

Doing Business As (DBA):			
Mailing Address:	P.O. Box or Street	City	State Zip
Contact Phone:			
<p>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.</p>			
Email Address:		Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail

Corporation, LLC, LP or LLP

<p>Are you a Corporation, LLC, LP or LLP? Reminder: If you are a corporation or LLC your business entity must be registered with the Corporations Division before this application is processed.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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IF YES, provide:

Name of Corporation or LLC:	
Entity Number:	
Is the company domiciled within the state of Alaska?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If NO, then a company's agent who is located within the state must be listed below:

Name of Company's Agent:	
Service of Process Address:	Must be a physical address and not a USPS P.O. Box or other private mailbox.
Contact Phone:	

PART III Ownership Information

Check the applicable box and provide the complete name(s) of the owner(s) including all partners, corporate officers, or managing members, whichever is appropriate; and provide U.S. Social Security Numbers and birthdates for sole proprietor or partners. 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.

*Owners of 10% or more must submit the Owners Certification form.

Sole Proprietorship
 Partnership
 Corporation
 LLC

Full Name	Address	Date of Birth (Sole Proprietorship or Partners Only)	Social Security Number (Sole Proprietorship or Partners Only)	% of Ownership

PART IV Controlling Person

List the full name of the AMC's controlling person. The controlling person must complete the Ownership and/or Controlling Person Certification form (#08-4788a). *The controlling person is defined as the individual serving as the main contact point between the board and the company. The controlling person is required to hold a license in accordance with 12 AAC 70.160(a)(1)(E).*

Full Name:				
Full Address:	P.O. Box or Street	City	State	Zip
License Number:			State of Licensure:	

PART V Federal Registration Eligibility Determination

1. Please select whether you are a Single State AMC or Multi-State AMC:

- Single State AMC
 Does the AMC oversee a panel of 16 or more certified or licensed appraisers in the State within a given year that have been recruited, selected and retained to perform appraisals in connection with a covered transaction?
 - If Yes, continue.
 - If No, AMC does not qualify.

- Multi-State AMC
 Does the AMC oversee a panel of 25 or more certified or licensed appraisers in more than one state within a given year that have been recruited, selected and retained to perform appraisals in connection with a covered transaction?
 - If Yes, continue.
 - If No, AMC does not qualify.

PART V Federal Registration Eligibility Determination (continued)

2. Is this a federally regulated AMC?
- If Yes, skip to Part VI.
- If No, continue.
-
3. Does the AMC have an owner, in whole or part, directly or indirectly, that has had an appraiser credential refused, denied, cancelled, surrendered in lieu of revocation, or revoked in any state for substantive cause, as determined by the State, and credential has not been reinstated?
- If Yes, AMC may not qualify. Submit documentation as to the cause and proof that credential reinstated.
- If No, continue.
-
4. Does the AMC have a person who owns more than 10% of the AMC who is not of good moral character, as determined by the State of Alaska? (12 AAC 70.160(c))
- If Yes, AMC does not qualify.
- If No, continue.
-
5. AMCs are required under 12 AAC 70.165(2) for their Alaskan appraiser panel to be registered and in good standing with the State of Alaska. Does the AMC panel have a process in place to verify that all appraisers performing appraisals in Alaska are certified by the state and in good standing, and have geographic competency for the market area in which the appraisal is performed?
- If Yes, proceed to Part VI.
- If No, AMC does not qualify.

PART VI States Where Appraisals Are Performed

- I have provided a list of all states in which the appraisal management company performs appraisals.
Please include the DBA in the list header.

PART VII Appraisers

Appraisers on the appraiser panel must be qualified to conduct federally covered transactions under federal law AS 08.87.132(a)(5)(B).

- I have attached a list of all certified real estate appraisers in Alaska currently on the appraiser panel.
Please include the Alaska license number of each appraiser.

PART VIII Bonding

- I have provided original documentation or a copy of my surety bond in the amount of \$50,000 as required pursuant to AS 08.87.135(a)(8) and 12 AAC 70.160(a)(3). Use form #08-4788c.



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Notary Signature Page

PART IX Notarized Signature

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 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.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

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



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Controlling Person/Ownership Certification

This section must be completed for the controlling person and by each owner of the company who owns at least 10% or more of the AMC.

The controlling person and each owner must complete this section individually. This will require multiple copies of this section, one for each person, to be submitted as part of the application for registration of the AMC.

Please submit these documents with the remainder of the AMC application, and not separately. Submitting documents separately may cause delays to your application review.

PART I Personal Information

Form with fields: Full Legal Name, Mailing Address (P.O. Box or Street, City, State, Zip), Contact Phone, Date of Birth, Email Address, Select One (Send my Correspondence Electronically, Send my Correspondence by Mail), SOCIAL SECURITY NUMBER.

PART II Ownership Information

Form with fields: Are You: (Check All that Apply) Controlling Person, Owner, If Owner, % of Ownership; Are You Currently Licensed in Another State? Yes, No; Table with columns: State or Jurisdiction, License or Certificate Number, Expiration Date.

PART III 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.

When in doubt about your response, disclose and provide the required explanation and documents. Applications submitted without the required attachments will be considered incomplete and will not be processed.

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.

1. Have you been convicted of a crime or are you currently charged with committing a crime, or is any such action pending? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including (but not limited to) 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
2. 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
3. Are you the subject of an unresolved complaint or disciplinary action before an authority regulating real estate appraisers or a professional real estate appraisers' association? Yes No
4. Have you committed, or had a lawsuit filed against you, while acting as a real estate appraiser, an act or omission involving dishonesty, fraud, or misrepresentation? 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).



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Notary Signature Page

PART IV Notarized Signature

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 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.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

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



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Authorization for Release of Records

All persons who own 10% or more of the appraisal management company must complete this release as part of the application for the company.

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my appraisal 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.

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 the appraisal management company for which I am at least a 10% owner.

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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Appraisal Management Company Surety Bond

(Required by Real Estate Appraiser Statute AS 08.87.135)

Principal (Applicant) Name:		Title:	
DBA Name:			
Bond Number:		Effective Date:	mm/dd/yyyy
		Expiration Date:	mm/dd/yyyy

KNOW ALL MEN BY THESE PRESENTS that we, the above-named appraisal management company, as principal, and the agency named below, as surety, are held firmly bound to the State of Alaska, in the sum of FIFTY THOUSAND DOLLARS (\$50,000) lawful money of the United States, for the payment of which, well and truly to be made, we and each of us, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE SUCH THAT: Whereas, the above bound principal has applied to, or is about to obtain from, the State of Alaska for registration as an Appraisal Management Company pursuant to AS 08.87.135 and the acts amendatory thereof and supplemental thereto:

NOW THEREFORE, if the State of Alaska shall register the above bounden principal as an Appraisal Management Company and that principal shall faithfully and honestly act an Appraisal Management Company in accordance with law, and fully complies with the provisions of AS 08.87.135 of the State of Alaska and acts thereof and supplemental thereto, and if the principal shall fully indemnify and save harmless from loss the State of Alaska and any person who may have cause of action against the principal for any malfeasance or misfeasance in the conduct of a real estate appraisal management company, then this obligation to be voided, otherwise to remain in full force and virtue.

LIABILITY UNDER THIS BOND commences on the date listed above and shall be continuous until the registration license is revoked or otherwise terminated by the Department of Commerce, Community, and Economic Development, State of Alaska (the Department) or until written notice from the Surety is received by the Department provided the bond has been cancelled for lawful reasons. The bond shall apply to all liens and liabilities which arise during the effective period of the bond to which the bond is applicable under law, even if the judgment liens are foreclosed or valid liens settled after the effective period of the bond or liabilities are enforced after the effective period of the bond.

IN WITNESS OF THE ABOVE, principal and surety have signed and sealed this bond on the date listed below.

Principal (Applicant) Signature:		Date:	
Surety Name:		Attorney-in-Fact:	
Surety Signature:		Date:	
Agency Name:			
Agency Address:			

THIS BOND IS NOT VALID UNTIL SIGNED BY BOTH PRINCIPAL AND SURETY.

Surety's Power of Attorney **must be attached.**

(Surety's Seal)



THE STATE
of

ALASKA

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

Professional Licensing

PO Box 110806, Juneau AK 99811

Phone: (907) 465-2550

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. Make copies as necessary.			

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:		PL Code:	
Signature:		Date:	

You must submit one form for each “Yes” answer. Make copies of this form as necessary.



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State of Alaska
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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: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

- | | AMOUNT |
|--|---------------|
| <input type="checkbox"/> Application Fee: _____ | _____ |
| <input type="checkbox"/> License or Renewal Fee: _____ | _____ |
| <input type="checkbox"/> 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. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>