



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) 269-8168

Email: RealEstateCommission@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/RealEstateCommission

Change of General Real Estate Office and Trust Information

This form may be used to change the general office information only (i.e., physical location, mailing address, telephone number, fax number, and trust account information). Changes in business name, ownership, broker or associate broker-in-charge require additional forms and fees.

PART I Change of Office Information

Type of Office:	<input type="checkbox"/> Main Office	<input type="checkbox"/> Branch Office	Office License Number:	
Office Name:				
New Physical Address:	Street	City	State	Zip
New Mailing Address:	P.O. Box or Street	City	State	Zip
Phone Number:				
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 by Email <input type="checkbox"/> Send my Correspondence by Mail
Bank Name:				
Trust Account Name(s):			Trust Account Number(s):	
Former Physical Address:	Street	City	State	Zip
Former Mailing Address:	P.O. Box or Street	City	State	Zip

PART II Signature

I hereby certify that the office information provided above is true and correct.			
Broker of Record Name: (or Associate Broker in Charge)			
Broker of Record Signature: (or Associate Broker in Charge)		Date Signed:	