

Resident State/Contact Information Change Form

Individual/Business Entity Name	License #
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Change State of Residence

Effective Date*	Previous State of Residence	Current State of Residence
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*Date residency ceased in previous home state

Contact Information

- If you are changing resident state, please complete all fields.
- If you are not changing resident state, please complete any fields that have changed.

Individual Licensees - If you are not changing state of residence, please [update your contact info](#) online. If you use this form instead, include a \$50 paper processing fee payable to the State of Alaska.

Effective Date (the date the change took place, not the date the form is completed)			
Residence Phone	Business Phone	Business Fax	Email Address
Residence Address			
Street	City	State	Zip Code
Business Physical Address			
Street	City	State	Zip Code
Mailing Address			
Street	City	State	Zip Code

Request Letter of Clearance for Individual Resident Licensees (optional)

<input type="checkbox"/>	I am requesting a Letter of Clearance for the state of _____.		
<input type="checkbox"/>	I have enclosed the \$25 fee.		
	Mail Letter of Clearance to:		
	Street	City	State Zip Code

Contact Information / Resident State Change Form

Converting Alaska Nonresident License to Resident License

- Submit one fingerprint card with a \$48.25 fee for background check payable to the State of Alaska.
- See the [Get a Resident License](#) page for more information.

Late Fees

AS 21.27.025 requires you to notify the division within 30 days of a change in address or residency. Late fees are payable to the State of Alaska.

- 1 to 60 days late \$50.00
- 61 to 120 days late \$100.00
- More than 120 days late \$200.00

Certification

I hereby certify under penalty of perjury, that all of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me to civil or criminal penalties.

Signature (of Compliance Officer if Business Entity)

Name

Date (Month/Day/Year)