

State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806

Juneau, Alaska 99811-0806

Telephone: (907) 465-2550 **★** Fax: (907) 465-2974

E-mail: license@alaska.gov

Website: www.commerce.state.ak.us/occ

CHANGE OF NAME FORM

Please complete this form showing your present and former name. This form must be **NOTARIZED** and submitted to this office **with a copy of the court order or marriage certificate for the correction of your record** within 30 days of the change of name. (Note: If the mailing address provided below is different than what we currently have on file, your record will be updated to reflect that change unless you advise otherwise.)

FEE DUE: Submit a \$5.00 fee made payable to the State of Alaska. _____ am applying for or am currently licensed as Previous Name _____ Alaska License No. (if applicable) _____ Occupation Current Mailing Address City State Zip Code Email: Daytime Phone No.: I certify that effective ______ I changed my name to _____ Name Signature/New Name SUBSCRIBED AND SWORN to before me this ______ day of ______, 20_____. Signature of Notary Public NOTARY SEAL City and State My Commission Expires

REMINDER: ATTACH FEE AND NAME CHANGE CERTIFICATE