



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  
 Phone: (907) 465-2550 ★ Fax: (907) 465-2974

OFFICE USE ONLY

**REQUEST FOR REFUND  
 MADE BY CREDIT CARD**  
 (to be completed by applicant/licensee)

**A refund for a fee made by credit card may only be issued to the credit card that was used to make the initial payment.**

\_\_\_\_\_  
 Name of Applicant or Licensee

\_\_\_\_\_  
 Licensing Board/Program

\_\_\_\_\_  
 Daytime Telephone No.

\_\_\_\_\_  
 Email Address (optional)

I attest the following credit card was used to make payment for the fee for which I am requesting a refund:

Credit Card Type (check one):  VISA  MASTERCARD

Name of Credit Card Holder: \_\_\_\_\_

Mailing Address of Credit Card Holder: \_\_\_\_\_

Card Number: \_\_\_\_\_  
*(must be the same credit card used to make the payment for fee to be refunded)*

Expiration Date: \_\_\_\_\_



\_\_\_\_\_  
 Signature of Applicant/Licensee Date

**Mail or fax this form to the Division of Corporations, Business and Professional Licensing at the above-referenced address/fax number. Do not email this form, emailed refund request forms will not be accepted.**

**This form will be destroyed upon processing of the refund.**