



THE STATE

of

ALASKA

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

State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: license@alaska.gov
Website: ProfessionalLicense.Alaska.Gov

Request for License Verification

To request an official signed and sealed document verifying your Alaska license, certification, or registration to be sent to another state or agency, please complete this form and submit it with the \$20 verification fee to the letterhead address. Make checks payable to "State of Alaska."

If you want the verification returned by express courier, also submit a prepaid addressed envelope. Requests are generally processed within 14 days of receipt.

1. About Your License

Profession:		
License Number:		
License Type:		
Is the license current?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. About You

Name:		
Mailing Address:		
This is a change:	<input type="checkbox"/>	
Signature:		Date:

3. Where to Send the Verification

<input type="checkbox"/> (\$20 per verification)	Agency Name:	_____
	Mailing Address:	_____

<input type="checkbox"/> (\$20 per verification)	Agency Name:	_____
	Mailing Address:	_____



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FOR DIVISION USE ONLY

State of Alaska
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Division of Corporations, Business and Professional Licensing
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CREDIT CARD PAYMENT

For security purposes please do not email credit card information. Fax or mail this credit card payment form to the Division. Completion of this form is not proof of payment until the Division processes the information. If any information on this form is illegible, the form will be rejected.

Name of Applicant or Licensee: _____

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

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

Amount

[] Application Fee: _____

[] License or Renewal Fee: _____

[] Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

Total: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone: _____ Email (optional): _____

Credit Card Type: [] VISA — or — [] Mastercard

Signature of Credit Card Holder: _____

VISA or Mastercard Number: _____ Expiration Date: _____

This section below the dotted line will be destroyed upon processing of the payment.