



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. Use the attached credit card payment form or 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:		Is the license current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
License Type:			

2. About You

Full Name:			
Address:			
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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ADM

FOR DIVISION USE ONLY

State of Alaska
Department of Commerce, Community, and Economic Development
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333 Willoughby Avenue, 9th Floor, Juneau, AK 99801
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

CREDIT CARD PAYMENT

For security purposes, do not email credit card information. 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: _____

License Type: _____ 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 Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 05/01/18

Credit Card Payment Form

VISA or Mastercard Number: _____ Expiration Date: _____

Billing ZIP Code: _____ 3-Digit Security Code: _____

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