



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](mailto:license@alaska.gov)  
Website: [ProfessionalLicense.Alaska.Gov](http://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

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

### 2. About You

<b>Full Name:</b>			
<b>Address:</b>			
<b>Signature:</b>		<b>Date:</b>	

### 3. Where to Send the Verification

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



THE STATE  
of **ALASKA**

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

**ADM**

FOR DIVISION USE ONLY

State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
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: \_\_\_\_\_

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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.*