



THE STATE

of

ALASKA

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

550 West 7th Avenue, Suite 1500 Anchorage, AK
99501 Phone: (907) 269-8160 • Fax: (907) 269-8156
Email: license@alaska.gov
Website: ProfessionalLicense.Alaska.Gov

Name Change, Address Change and/or Duplicate Professional License

I want to change my address: **No Fee**

- Physical Address
- Mailing Address

If you have multiple professional license numbers, only the ones you list will be updated.

- To change a business license address, browse to: BusinessLicense.Alaska.Gov
- To change an entity address, browse to: Corporations.Alaska.Gov

You can view your updated professional license record online at: ProfessionalLicense.Alaska.Gov

Name: _____

License Type and Number: _____

Signature: _____

I want a duplicate professional license: **\$5.00**

Your duplicate license will be mailed to your address of record, or issued in-person only to the licensee.

Name: _____ License Type and Number: _____

I want to change my name: **\$5.00**

You must attach a copy of the court order or marriage certificate showing your former and current name.

Previous Name: _____

License Type and Number: _____

New Name: _____

Notarization required for name changes only — I certify that the information on this form is true and correct:



Licensee's Signature: _____

Notary Public State of: _____ My Commission Expires: _____

Subscribed and Sworn to Before me on this Day: _____

Notary's Signature: _____



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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 please 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: _____

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

Table with 2 columns: Description and Amount. Rows include Application Fee, License or Renewal Fee, and Other (name change, wall certificate, fine, duplicate license, exam, etc.) with sub-items 1 and 2. Total row at the bottom.

Name (as shown on credit card): _____

Mailing Address: _____

Phone: _____ Email (optional): _____

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

Signature of Credit Card Holder: _____

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VISA or Mastercard Number: _____ Expiration Date: _____

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