



THE STATE
of **ALASKA**

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

ADM

FOR DIVISION USE ONLY

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

Request for Wall Certificate

For Professional Licenses Only

- Wall certificates are for professional licenses only. Corporations and Business Licensing issue separate certificates.
- Mail this completed form and payment to the post office box address above. Make checks payable to "State of Alaska", or use the attached credit card payment form. Payment must accompany this request.

Required Fee:	<input type="checkbox"/> Professional License Wall Certificate	\$20.00
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INFORMATION ABOUT THE PROFESSIONAL LICENSEE:

Name:	
Profession:	
Address:	
Phone:	
Email:	

Professional License Type:	
Professional License Number:	

<i>Signature of Professional License Holder</i>	<i>Date</i>
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State of Alaska
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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 • Fax: (907) 465-2974

CREDIT CARD PAYMENT

For security purposes, 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: _____

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VISA or Mastercard Number: _____ Expiration Date: _____

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