



THE STATE
of **ALASKA**

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

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
ProfessionalLicense.Alaska.Gov

Request for Wall Certificate

Fee Due	<input type="checkbox"/> Wall Certificate (fee must accompany this request)	\$20
Mail this completed form and payment to the Post Office box address above, payable to: State of Alaska		

Licensee Name			
Licensee's Profession			
Mailing Address Check box if this is an address change <input type="checkbox"/>	Address		
	City	State	ZIP Code
License Type			
License Number			
Phone Number			

EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting your license or other business with the Alaska Division of Corporations, Business and Professional Licensing by email, you agree to notify the Division in writing when your email address changes. You understand that failure to check your email address or to keep it in good standing may result in an inability to receive crucial information, potentially resulting in the inability to obtain or retain licensure.

Email Address		<input type="checkbox"/> Send my Correspondence by US Mail <input type="checkbox"/> Send my Correspondence by Email
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<i>Signature of License Holder</i>	<i>Date</i>



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State of Alaska
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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 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
<input type="checkbox"/> Application Fee:	_____	_____
<input type="checkbox"/> License or Renewal Fee:	_____	_____
<input type="checkbox"/> 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.