



THE STATE  
of **ALASKA**

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

**ADM**

FOR DIVISION USE ONLY

**Professional Licensing**

PO Box 110806, Juneau, AK 99811

Website: *ProfessionalLicense.Alaska.Gov*

## Voluntary License Return

- Your license will be made inactive on the date it is received by the Division.
- Voluntarily returned licenses will not receive mailings or email contact from the Division.
- Returned licenses may or may not be reinstated or renewed. Check with the Division for details.

### **PART I** Licensee Information

Professional License Number:	
Professional License Type:	
DBA (if applicable):	
License Owner Name:	
Is your license certificate attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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**Notary Signature Page**

<b>Applicant Name:</b>		
<b>Alaska License Number (if known):</b>		<input type="checkbox"/> <i>Application in Process</i>

**PART II Notarized Signature**

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	<b>Applicant Printed Name:</b>			
	<b>Applicant Signature:</b>			
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>	
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>	