



THE STATE  
of **ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
Board of Barbers and Hairdressers, PO Box 110806, Juneau AK 99811  
(907) 465-2550 • Email: [license@alaska.gov](mailto:license@alaska.gov)  
Website: [ProfessionalLicense.Alaska.gov/BoardOfBarbersHairdressers](http://ProfessionalLicense.Alaska.gov/BoardOfBarbersHairdressers)

**BAH**

FOR DIVISION USE ONLY

**Manicurist License Renewal**

**September 1, 2015 — August 31, 2017**

Your license to practice as a manicurist in the State of Alaska lapses on September 1, 2015. It is illegal for you to practice if your license has lapsed. There is no grace period. To renew your license for the period from September 1, 2015 through August 31, 2017 return this **signed and dated** application to the above address with a check or money order payable to the State of Alaska or use the attached credit card payment form. Faxed or emailed applications will not be accepted. **This is the only renewal notice you will receive.** Incomplete applications and/or insufficient fees will result in your renewal being rejected.

The processing time for correct and complete renewal applications is three to four weeks after receipt. Plan accordingly to ensure processing by the lapse date of September 1, 2015.

If you received this renewal application in the mail with a barcode in the upper right hand corner of the first page, **do not duplicate this form for another professional's use.** The barcode is specific to your name and license number. Forms without the barcode are available at: [ProfessionalLicense.Alaska.gov/BoardOfBarbersHairdressers](http://ProfessionalLicense.Alaska.gov/BoardOfBarbersHairdressers)

<b>Check appropriate box</b>	<input type="checkbox"/> If your renewal is postmarked by August 31, 2015:	<b>\$140</b>
	<input type="checkbox"/> If your renewal is postmarked on or after September 1, 2015:	<b>\$180</b>

<b>Full Legal Name</b>	Last	First	Middle	<b>License #</b>	
<b>Mailing Address</b>	Address		City	State	ZIP Code
Check if address change: <input type="checkbox"/>					
<b>Telephone</b>	Work		Home		
<b>E-Mail Address</b>				<b>Date of Birth</b>	
<b>Social Security Number:</b> As required by state law, please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure; it may be used to verify inter-state licensure. (AS 08.01.100)				Social Security Number	

**WARNING:** The Division may deny, suspend or revoke the license of a person who obtained or attempted to obtain a license by fraud or deceit. The person may also be subject to criminal charges for perjury or unsworn falsification (AS 11.56.200).

**SIGNATURE REQUIRED** I certify that the information in this application is true and correct (sign and date):



**Applicant's Signature:**

**Date:**

**! General Information**

**ADDRESS OR NAME CHANGE:** In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

**SOCIAL SECURITY NUMBERS:** AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exception from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.gov* or contact the division for a copy of the form.

**PUBLIC INFORMATION:** Please be aware that all information on the initial application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.gov* under License Search.

**BUSINESS LICENSES:** Renewal applications for business licenses are mailed separately. For more information about business licenses, call (907) 465-2550 or online at: *BusinessLicense.Alaska.gov*

**PAYMENT OF CHILD SUPPORT AND STUDENT LOANS:** If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Postsecondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

**NOTIFICATION OF PROPOSED REGULATION CHANGES:** If you would like to receive notice of all proposed regulations changes for your program please send a request in writing with your name, preferred contact method (mail or e-mail) and the program you want to be updated on to:

**REGULATIONS SPECIALIST**  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
P.O. Box 110806  
Juneau, AK 99811-0806

**CHANGE OF NAME**

Please complete this form showing your present and former name. This form must be NOTARIZED and submitted to this office **with a copy of the court order or marriage certificate for the correction of your record.**

I \_\_\_\_\_ am renewing \_\_\_\_\_

Previous Name Occupation and License Number

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Mailing Address City State ZIP Code

I hereby certify that I have changed my name to \_\_\_\_\_

effective \_\_\_\_\_ and have attached a copy of the legal documentation showing the name change.

Notary Stamp

\_\_\_\_\_  
Signature of Applicant Date

SUBSCRIBED AND SWORN TO before me on this day: \_\_\_\_\_

Notary Public for the State of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



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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 form with the completed renewal 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):

	<b>Amount</b>
<input type="checkbox"/> Application Fee	_____
<input type="checkbox"/> License (or renewal) Fee	_____
<input type="checkbox"/> Fine	_____
<input type="checkbox"/> Other (specify): _____	_____
<b>Total:</b>	_____

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.*