



THE STATE
of **ALASKA**
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

BAH

FOR DIVISION USE ONLY

Barbers and Hairdressers Program

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

Email: BoardOfBarbersHairdressers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers

Reschedule or Postpone Examination(s)

☐ Reschedule or postpone my exam(s) which have not yet occurred: **\$25.00**

☐ I failed or no-showed my previous WRITTEN exam. I want to schedule a retest: **\$60.00**

Exam Type:

☐ Barber ☐ Non-Chemical Barber ☐ Esthetician ☐ Hairdresser ☐ Manicurist
☐ Body Piercer ☐ Instructor ☐ Tattoo ☐ Permanent Cosmetic Colorist

Exam Location:

☐ Fairbanks ☐ Juneau ☐ Anchorage

Not all exams are available in foreign languages. Check with staff to confirm availability.

Written Exam Language:

☐ English ☐ Spanish ☐ Vietnamese ☐ Korean ☐ Verbal (english)

The month I want to reschedule my exam (not all months are available for every option; check availability online):

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov

Full Legal Name:

Mailing Address:

Contact Phone:

EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.

Email Address:

☐ Send my Correspondence by Email
☐ Send my Correspondence by US Mail

Signature: _____

Date: _____

Your request and fees **MUST be received** in the Anchorage, Alaska — OR — the Juneau, Alaska office **before the date of your exam.**



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ 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 Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Account Number: _____

2. Expiration Date: _____

3. Billing ZIP Code: _____

4. Security Code: _____

All four fields **MUST**
be completed!

This section will be
destroyed after the
payment is processed.