



THE STATE of ALASKA

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

BUS

FOR DIVISION USE ONLY

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Business Licensing Section
333 Willoughby Avenue, 9th Floor, Juneau, AK 99801
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: BusinessLicense@Alaska.Gov
Website: BusinessLicense.Alaska.Gov

Business License: Verification Request

12 AAC 02.105(2)

To request an official signed and sealed document verifying your Alaska business license to be sent to another state or agency, please complete this form and submit it along with the \$20.00 fee per verification. Submit additional forms if you require multiple verifications.

Submit your verification request and fees by fax or mail. Standard processing time from March-September is 10-15 days. During heavy business license filing season, October-February, the processing time will be delayed.

If you want the verification returned by express courier, include a prepaid addressed envelope with your request.

Fee (\$20 per request): Quantity: \_\_\_\_\_ X \$20.00 = \$ \_\_\_\_\_

1. Business to be verified (must match name on business license certificate):
Business Name: \_\_\_\_\_
Business License Number (mandatory): \_\_\_\_\_

2. Person REQUESTING the Verification:
Requester's Name: \_\_\_\_\_
Requester's Address: \_\_\_\_\_
Requestor's Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

3. Person RECEIVING the Verification:
Receiver's Name: \_\_\_\_\_
Receiver's Mailing Address: \_\_\_\_\_



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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

[ ] 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: \_\_\_\_\_

VISA or Mastercard Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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