



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

CON

FOR DIVISION USE ONLY

Contractor Licensing Section
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550
Email: *ConstructionContractors@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/ConstructionContractors*

Request for Surety Bond Research

Disclaimer: While the Division of Corporations, Business and Professional Licensing strives to provide accurate information, the Division does not make any claims or guarantees about the accuracy or completeness of received bond information. Any actions that you take upon the information contained in these documents is strictly at your own risk. Consult an attorney if legal advice is needed.

Number of bond research requests: X \$30 = \$ Delivery by: Email Mail

BOND RESEARCH INFORMATION:

Contractor DBA Name:	
Contractor License Number:	

REQUESTOR INFORMATION:

Company or Individual Name:	
Contact Person:	
Mailing Address:	
Contact Phone:	() —

Email Address:	
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State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
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):

- Application Fee: _____ Amount: _____
License or Renewal Fee: _____ Amount: _____
Other (name change, wall certificate, fine, duplicate license, exam, etc.):
1. _____ Amount: _____
2. _____ Amount: _____

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.