



State of Alaska
Division of Corporations, Business and Professional Licensing
CORPORATIONS SECTION
 PO Box 110806
 Juneau, AK 99811-0806
 Phone: (907) 465-2550
 Fax: (907) 465-2974
 Website: www.commerce.state.ak.us/occ

DO NOT STAMP ABOVE THIS BOX

CORP

COPY REQUEST FORM

(OFFICE USE ONLY)

Name of company or individual requesting information:

Mailing address to send completed request:

Address or PO Box _____ City _____ State _____ Zip _____

Contact Person: _____ Phone Number: _____

Email address: _____

COPY REQUEST:

Name of Company / Entity:	
Alaska Entity Number:	
Certificate of Good Standing / \$10.00 each (Certificate of Good Standing, Certificate of Compliance and a Good Standing Certificate have the same meaning)	Quantity ____ x \$10 = \$ _____
Copy of Documents / \$10.00 each (Articles, Amendments, Mergers, and Biennial Report) Indicate type of documents requested:	Quantity ____ x \$10 = \$ _____
Copy of Entire File / \$30.00 each	Quantity ____ x \$30 = \$ _____
Certified Document Fee / \$5.00 each (For Certified documents add the Certified Fee to your request)	Quantity ____ x \$5 = \$ _____
Apostille Fee / \$25.00 each (For Apostilled documents add the Apostille Fee to your request) You must list the country this Apostille is for:	Quantity ____ x \$25 = \$ _____
	Total Fees: \$ _____

Submit your request and fees to the address listed above. Make check or money order payable to the State of Alaska, or complete the attached credit card payment form.

For Free Copies

In many cases you may obtain copies of filed documents from our website at no charge. You can search the corporation's database by entity name, entity number, officer name, or registered agent.

www.commerce.state.ak.us/occ



State of Alaska
 Department of Commerce, Community, and Economic Development
 Division of Corporations, Business and Professional Licensing
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OFFICE USE ONLY

CREDIT CARD PAYMENT

For security purposes, please **do not email** credit card information. Fax or mail this form to the Division. Completion of this form is not proof of payment until the division processes the information contained herein. If any information on this form is illegible, the form will be rejected. Please print.

Name of Applicant or Licensee: _____
Corporate or Individual (first, middle, last)

License Number (if applicable): _____

Type of License: _____

I wish to make payment by credit card for the following (check all that apply):

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

Print Name on Credit Card: _____

Complete Mailing Address: _____

Telephone Number: _____

Email Address (optional): _____

Credit Card Type (check one): VISA MASTERCARD

Signature of Credit Card Holder: _____

Card Number: _____ **Expiration Date:** _____

The bottom section of this form will be destroyed upon processing of the payment.