



THE STATE

of

**ALASKA**

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

**Corporations Section**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [Corporations@Alaska.Gov](mailto:Corporations@Alaska.Gov)

Website: [Corporations.Alaska.Gov](http://Corporations.Alaska.Gov)

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## Certificate of Authority - Foreign Nonprofit Corporation Instructions (AS 10.20.485)

### GENERAL INFORMATION & RESOURCES

This Certificate of Authority form will create a Foreign Nonprofit Corporation.

**Submission:** File an online version of this application through [www.Corporations.Alaska.Gov](http://www.Corporations.Alaska.Gov), or submit via U.S. mail (do not e-mail). If submitting hard copy, processing times may be up to 3 weeks from the date received. Between October and February, the processing time may be delayed due to renewals. Do not duplicate submissions by filing online and hard copy; this can cause delays and duplicate payments.

**Need help?** Go to [www.Corporations.Alaska.Gov](http://www.Corporations.Alaska.Gov) and click "Create or File for a New Entity." This will provide expanded information and guidance concerning the contents of this application. If you do not find the answer to your question at that webpage, e-mail our office at [Corporations@Alaska.Gov](mailto:Corporations@Alaska.Gov).

### AFTER YOUR ENTITY IS REGISTERED:

**Professional Licensing Section (if applicable):** Business activities requiring a professional (occupational) license must obtain the appropriate licensing through [www.ProfessionalLicense.Alaska.Gov](http://www.ProfessionalLicense.Alaska.Gov).

**Business Licensing Section:** An entity must obtain an Alaska business license prior to engaging in business. An Alaska business license may be applied online through [www.BusinessLicense.Alaska.Gov](http://www.BusinessLicense.Alaska.Gov), click "New Alaska Business License."

**Other agencies:** Depending on the type of work and location, an entity may be required to hold other licenses, registrations, or permits on a municipal, state, or federal level to legally conduct its business activities. It is advised the business conducts a thorough search to ensure compliance with municipal, state, and federal agencies.

### FUTURE FILINGS (CORPORATIONS SECTION):

**Biennial Report:** These reports are due every two (2) years to maintain your entity's status. See also: [www.Corporations.Alaska.Gov](http://www.Corporations.Alaska.Gov), click "Biennial Report FAQs."

**Registered Agent:** When there are changes to the Registered Agent and/or their addresses in Alaska, submit a Change of Registered Agent form. The Registered Agent must be in Alaska, and this information must be kept updated. See also: [www.Corporations.Alaska.Gov](http://www.Corporations.Alaska.Gov), click "Registered Agent FAQs."

**Officials/Ownership:** When there are changes to the officers/directors, members/managers, or shareholders/owners owning 5% or more, and there is no Biennial Report due, submit a Change of Officials form to keep this information updated.

For more information, go to [www.Corporations.Alaska.Gov](http://www.Corporations.Alaska.Gov) to open "Notice: The Entity's Responsibility" and review a variety of resources, forms, and FAQs.

*You may keep this information sheet for your records. You do not need to submit this with your application.*



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Certificate of Authority

Foreign Nonprofit Corporation (AS 10.20.485)

PART I Payment of Fees

Required Fees: [ ] Nonrefundable Filing Fee \$50.00

PART II Legal Name

The legal name of the corporation in its home state or country.
Legal Name:

PART III Assumed Name

If the legal name in PART II is unavailable to register in Alaska, the entity must select an assumed name.
Assumed Name:

PART IV Attestation

[ ] This foreign entity is active and in good standing in the state or country of domicile.

PART V Domicile & Incorporation Date

The Corporation's State or Country of Domicile:
The Original Incorporation Date in that State or Country: MM/DD/YYYY

PART VI Duration

Select "Perpetual" if there is no set duration (end date) for the entity's existence in its home state or country. If the entity exists for a specific period, then enter its duration (end date).
[ ] The corporation's duration is perpetual. - OR - Duration Date: MM/DD/YYYY

## PART VII Purpose & NAICS Code

Enter the purpose of the corporation, which may include "any lawful." A 6-digit NAICS code describing the initial activities of the entity is optional. *Attach an additional sheet for the purpose if necessary.*

Purpose:

NAICS Code:

## PART VIII Registered Agent Information

The registered agent's legal name, physical address, and mailing address within Alaska. The registered agent may be a corporation (excluding LLC, LP, or LLP) or an individual with a physical location in Alaska. *The agent must be in Alaska and cannot be out-of-state.*

Registered Agent Name:

Physical Address:

Mailing Address:

Street

City

State

Zip

**Alaska (mandatory)**

P.O. Box or Street

City

State

Zip

**Alaska (mandatory)**

## PART IX Entity's Addresses

The corporation's principal addresses (wherever located).

Physical Address:

Mailing Address:

Street

City

State

Zip

P.O. Box or Street

City

State

Zip

## PART X Officials and Directors

Foreign Nonprofit Corporations may need to have at least a president or vice president and secretary or assistant secretary on record with this office for signing authority and future filing purposes. List all direct officers and directors under any titles that apply below.

List the officials and directors to be on record  
*Attach additional pages, if necessary.*

President

Vice President

Secretary

Treasurer

Director

Assistant Secretary

Assistant Treasurer

Legal Name:

Mailing Address:

Legal Name:

Mailing Address:

Legal Name:

Mailing Address:

**PART X** Officials and Directors (Continued)

List the officials and directors to be on record <i>Attach additional pages, if necessary.</i>		President	Vice President	Secretary	Treasurer	Director	Assistant Secretary	Assistant Treasurer
Legal Name:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mailing Address:								
Legal Name:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mailing Address:								
Legal Name:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mailing Address:								
Legal Name:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mailing Address:								
Legal Name:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mailing Address:								
Legal Name:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mailing Address:								
Legal Name:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mailing Address:								

**PART XI** Signatures

The printed name and signature of the president or vice president, and secretary or assistant secretary. If the same person holds two of these positions, two different people must sign the application, unless that person holds all positions.

I understand it is a Class A misdemeanor under AS 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Printed Name of President or Vice President:			
Signature of President or Vice President:			Date Signed:
Printed Name of Secretary or Assistant Secretary:			
Signature of Secretary or Assistant Secretary:			Date Signed:



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**Contact Information**

Return this form with your filing.

- This information may be used by the Division to assist with processing your attached filings.
- This form will not be filed for record or appear online.

**PART I Entity Information**

Enter your entity information as it appears on this filing.

**Entity Name:**

**Alaska Entity Number:**

**PART II Contact Information**

Whom may we contact with any questions or problems with this filing?

**Company:**

**Contact Person:**

**Mailing Address:**

P.O. Box or Street

City

State

Zip

**Email Address:**

**Phone Number:**

**PART III Document Return Address**

Return my filings to the address provided ABOVE.

Return my filings to this address provided BELOW:

**Company:**

**Contact Person:**

**Mailing Address:**

P.O. Box or Street

City

State

Zip



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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:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
I wish to make payment by credit card for the following (check all that apply):			AMOUNT
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
			TOTAL:

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

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

1. Credit Card Number:		<p><b>All 3 fields MUST be completed.</b></p> <p>This section will be destroyed after the payment is processed.</p>
2. Expiration Date:		
3. Security Code:		