



THE STATE
of

ALASKA

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

Big Game Commercial Services Board

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BigGameCommercialServicesBoard@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BigGameCommercialServicesBoard

Game Management Unit Certification Examination Application Instructions

Read the application instructions, statutes, and regulations before completing your application. Retain this information for future reference.

The following must be postmarked at least 45 days before the next scheduled game management unit certification examination:

1. APPLICATION

A signed, completed application (#08-2459, pages 1-2).

2. FEES

Fees made payable to "State of Alaska."

Game Management Unit Certification Exam Fee: \$400.00 (*per unit, maximum 3 units*)

3. AFFIDAVIT

Proof of having performed one or more of the following activities in the field for at least 60 days within each GMU you are requesting certification: Guiding, Hunting, Trapping, Camping and/or Surveying of Game.

Proof of hunting, trapping, camping and/or surveying of game experience can be demonstrated by submitting an affidavit form (#08-2459b) completed by:

- An Alaska wildlife law enforcement officer who is familiar with you;
- Alaska fish and wildlife biologist (state or federal) who is familiar with you; or
- Three individuals known to you who can attest to your hunting, trapping, camping, surveying of game experience within the requested GMU(s).

Proof of guiding experience can be demonstrated by submitting one of the three following options:

- Copies of hunt records reflecting you have participated in guided hunts, within GMU(s) for which you are requesting certification.
- A list of big game hunters you have accompanied in the field on guided hunts, with identification of the year(s) and the contracting Registered Guide-Outfitter(s).
- An Affidavit of GMU Experience form (#08-2459c) completed by contracting Registered Guide-Outfitter(s) for whom you have worked for as an Assistant Guide in the GMU(s) for which you are requesting certification. Originals must be mailed to the division.

Exam Information

Game Management Unit Certification examination will test the applicant's knowledge on terrain, game, geography, transportation, logistics, and land ownership.

To be eligible to receive certification in a game management unit (GMU) all documents must be postmarked at least 45 days before the next scheduled examination.

Be advised: The Big Game Commercial Services Board will seek maximum penalties for big game commercial services license holders who are found to have violated a hunting, guiding and/or transportation services statute or regulation.

General Information

APPLICATION PROCESSING:

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the license may be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

LICENSE TERM:

Licenses are issued for a two-year period and expire on December 31 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

DENIAL OF APPLICATION:

Be aware that the denial of an application for licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications. The name appearing on the license must be your current legal name.

CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document". To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, "I certify this is a true copy of the original document" and sign your name. The notary will compare the original document with the copy and then notarize your signature.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 requires a U.S. Social Security Number be on file with the division before a professional license is issued. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at ProfessionalLicense.Alaska.Gov.

PUBLIC INFORMATION:

All information on the application form will be available as a public record, unless required to be kept confidential by state or federal law.

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or BusinessLicense.Alaska.Gov.

STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*.



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Game Management Unit Certification Examination Application

PART I Payment of Fees

Game Management Unit Certification Exam Fee:	\$400.00	x Number of Units (Max 3):		= Total:	
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PART II Personal Information

Full Legal Name:

Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).

Not Applicable

Other Names Used: _____

AK Guide-Outfitter License Number:

Application In Process

Mailing Address:

P.O. Box or Street

City

State

Zip

Contact Phone:

Date of Birth:

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:

Select One:

- Send my Correspondence Electronically
- Send my Correspondence by Mail

Note: If both boxes are selected above, you will receive correspondence electronically.

SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.

PART III Game Management Unit(s)

Game Management Unit(s) Requested:



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Signature Page

Applicant Name:		
Alaska License Number (if known):		<input type="checkbox"/> <i>Application in Process</i>

PART IV Agreement

I hereby certify I am the person herein named and subscribing to this application. I further certify I have read the complete application, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, registration, certificate, or permit to practice in the state of Alaska.

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

Applicant Signature:		Date Signed:	
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Affidavit of Hunting, Camping, Trapping, Surveying of Game Experience

➔ **Applicant:** Complete the identifying information below and forward a copy of this form to the verifier marked below. *Make additional copies of this form, as needed.*

- Wildlife law enforcement officer who is familiar with the applicant and can attest to the applicants hunting, camping, trapping and/or surveying of game experience within the Game Management Unit(s) noted.
- Wildlife biologist who is familiar with the applicant and can attest to the applicants hunting, camping, trapping and/or surveying of game experience within the Game Management Unit(s) noted.
- Person known to the application who can attest to the applicants hunting, camping, trapping and/or surveying of game experience within the Game Management Unit(s) noted. **Note:** Three affidavits are required under this option.

Applicant's Name:	
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➔ **Verifier:** Complete the bottom part for the applicant identified above and return the form directly to the division at the letterhead address.

- I certify the applicant identified above has the following hunting, camping, trapping, and/or surveying of game experience in Game Management Unit(s) below. *Print additional pages as needed.*

Game Management Unit	Year	Total Days

Game Management Unit	Year	Total Days

Signature

I understand, in accordance with Alaska Statute 11.56.200, any person knowingly or intentionally furnishing false or fraudulent information when completing this form is subject to imprisonment for not more than one year, a fine of not more than \$5,000.00 or both.

I certify the above information is true and correct.

Verifier Signature:		Date Signed:	
Verifier Printed Name:		Phone Number:	
Address:			



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Affidavit of Game Management Unit Guiding Experience

→ **Applicant:**

Complete the identifying information below and forward a copy of this form to your employing contracting Registered Guide-Outfitter(s) for each unit you are requesting certification. *Make additional copies of this form, as needed.*

Applicant's Name:	
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→ **Registered Guide-Outfitter:**

Complete the bottom portion for the applicant identified above and return the form directly to the division at the letterhead address. *Print additional pages if needed.*

<input type="checkbox"/> I certify the applicant identified above was employed as an Assistant Guide in Game Management Unit: _____ for a total of _____ days in the field on guided hunts. I further certify hunt reports on file with the Department will support the information supplied below.	
Client Name	Days of Hunt

Signature

I understand, in accordance with Alaska Statute 11.56.200, any person knowingly or intentionally furnishing false or fraudulent information when completing this form is subject to imprisonment for not more than one year, a fine of not more than \$5,000.00 or both. I certify the above information is true and correct.			
Registered Guide-Outfitter Signature:		Date Signed:	
Registered Guide-Outfitter Printed Name:		License Number:	



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