







## General Information

### APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will 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.

### PROFESSIONAL FITNESS QUESTIONS:

A “yes” response in the application does not mean your application will be denied. If you have responded “yes” to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

### DENIAL OF APPLICATION:

Please be aware that the denial of an application of 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.

### RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

### ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee'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 and correspondence. 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 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

### PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

### 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*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



THE STATE  
of **ALASKA**

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

**GUI**

FOR DIVISION USE ONLY

**Big Game Commercial Services Board**

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

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

Website: [ProfessionalLicense.Alaska.Gov/BigGameCommercialServicesBoard](http://ProfessionalLicense.Alaska.Gov/BigGameCommercialServicesBoard)

## Transporter License Application

### PART I Payment of Fees

<b>Required Fees:</b> (Resident)	<input type="checkbox"/> Nonrefundable Application Fee	<b>\$ 200.00</b>
	<input type="checkbox"/> License Fee	<b>\$ 850.00</b>
<b>Required Fees:</b> (Non-Resident)	<input type="checkbox"/> Nonrefundable Application Fee	<b>\$ 200.00</b>
	<input type="checkbox"/> License Fee	<b>\$1,700.00</b>

### PART II Residency Status

According to the definition of "resident" on AS 16.05.940(27) (on page 1 of the definitions included with this application) is the Transporter applicant a resident of the State of Alaska?

Yes  No

### PART III Accommodations

As a licensed big game commercial services transporter, will you be providing accommodations in the field to big game hunters?

Yes  No

If yes, please check the appropriate box(es) that apply as to the type of accommodations you will be providing to big game hunters.

- |  |   |
|--|---|
| <input type="checkbox"/> Permanent lodge owned by the transporter. | <input type="checkbox"/> Permanent cabin owned by the transporter.                  |
| <input type="checkbox"/> Permanent house owned by the transporter. | <input type="checkbox"/> Boat with permanent living quarters located on salt water. |

### PART IV Mode of Transportation

Identify the mode(s) of transportation that will be used to transport big game hunters, their equipment and supplies to and from the field, and animals harvested from the field.

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> Aircraft | <input type="checkbox"/> Boat (Provide name of boat(s)) | <input type="checkbox"/> Highway Vehicle |
| <input type="checkbox"/> ATV      | <input type="checkbox"/> Dog Team/Horses                | <input type="checkbox"/> Other: _____    |

Identification Number(s):

**PART V Type of Organization**

Check the applicable box. Sole-proprietor and partnerships complete part VI, VII of page 2, and all of pages 3-5. Corporation, LLC, or LLP complete part VIII of page 2, and all of pages 3-5.

Sole Proprietorship       Partnership       Corporation       LLC/LLP

Entity Number:  
(If Corporation, LLC or LLP)

**PART VI Identification of Owner(s)**

(Sole-Proprietors and Partnerships Only)

Name of Natural Person	Social Security Number	Date of Birth

**PART VII Transporter Business Name**

(Sole-Proprietors and Partnerships Only)

Doing Business As: (DBA)				
Mailing Address:	P.O. Box or Street	City	State	Zip
Contact Phone:			Date of Birth:	
<b>EMAIL AGREEMENT:</b> 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:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>				

**PART VIII Name of Corporation, LLC, or LLP**

Doing Business As: (DBA)				
Mailing Address:	P.O. Box or Street	City	State	Zip
Contact Phone:			Date of Birth:	
<b>EMAIL AGREEMENT:</b> 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:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>				

## PART IX Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an **explanation and documentation**. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

### When in doubt, disclose and explain.

#### ***Have you, as a sole proprietor, or any partner/member in a partnership, corporate entity, LLC or LLP:***

- |    |  |   |
|----|--|---|
| 1. | Been convicted of a state hunting, guiding, or transportation services statute or regulation for which you were imprisoned for more than five days?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 2. | Been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including, but not limited to driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 3. | Been convicted of a state or federal hunting, guiding, or transportation services statute or regulation within the last 12 months, for which you received an unsuspended fine of more than \$2,000?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 4. | Been convicted of a state or federal hunting, guiding, or transportation services statute or regulation within the last 36 months, for which you received an unsuspended fine of more than \$3,000?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 5. | Been convicted of a state or federal hunting, guiding, or transportation services statute or regulation within the last 60 months, for which you received an unsuspended fine of more than \$5,000?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 6. | Had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska, Canada, and including that of any military authorities or is any such action pending?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 7. | Secured or attempted to secure a license through deceit, fraud, or intentional misrepresentation?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 8. | Failed to comply with a Board order?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 9. | Continued or attempted to provide transportation services after becoming unfit due to professional incompetence?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |



## PART IX Professional Fitness Questions (continued)

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an **explanation and documentation**. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

### When in doubt, disclose and explain.

- |            |   |   |
|------------|---|---|
| <b>10.</b> | Are there any unsatisfied judgments against you resulting from your transportation services?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>11.</b> | Are you aware of any investigations against you, in any state, jurisdiction or in Canada?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>12.</b> | Within the last five years, have you been or are you currently being treated for bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for situational or reactive depression) or any other mental or emotional illness? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>13.</b> | Within the last five years, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates or habit-forming drugs?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>14.</b> | Within the last five years, have you had or do you have a physical disability or physical illness which may impair or interfere with your ability to provide big game commercial services?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

"Yes" Answers

If you answered "yes" to questions 12, 13, or 14, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely provide guide-outfitter, guiding, or transporting services. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

## PART X Affidavit of Financial Responsibility

In order to receive a license, you must also provide proof of financial responsibility in the amount of \$100,000.00 minimum. Financial responsibility can be demonstrated by providing the information requested below, submitting proof of assets (form #08-4007b), or a bond in the requisite amount.

<b>Name of Company Issuing Insurance or Bond:</b>		<b>Type:</b>	<input type="checkbox"/> Insurance	<input type="checkbox"/> Bond
<b>Insurance Policy or Bond Number:</b>		<b>Expiration Date:</b>		
<b>Type of Coverage:</b>		<b>Amount of Coverage:</b>		



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

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Phone: (907) 465-2550

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**Signature Page**

<b>Applicant Name:</b>	
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**PART XI Agreement**

By my signature below, I declare that all facts, statements, and answers contained in this application are true and correct; I am not omitting any information that might be of value to Big Game Commercial Services Board in determining my qualifications and character, whether it is called for or not, and I agree that any falsification, omission, or withholding of information or facts concerning my qualifications as an applicant shall be sufficient to bar issuance of a license to me by the Big Game Commercial Services Board and such falsification, omissions, or withholding shall serve as sufficient grounds for the suspension, cancellation, or revocation of my Transporter license even though it is not discovered until after issuance.

I give permission to the Big Game Commercial Services Board to secure additional information concerning me or any statement in this application and supporting documents from any person or any source the board may desire. I further agree to submit to questioning by the board or any member thereof, and to substantiate any statements if desired by the board.

In addition, I certify that the transporter business will maintain during the licensing period, assets, general liability insurance, or a bond totaling at least a minimum of \$100,000 that will be available for payment of a judgement against the big game transporter business, which is a result from the transportation services provided to a client. I will notify the department within 10 days of any change to the assets, general liability insurance, or bond that has been provided with the application.

I understand that 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, certificate, or permit to practice in the state of Alaska. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

<b>Applicant Signature:</b>		<b>Date Signed:</b>	
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**Big Game Commercial Services Board**

PO Box 110806, Juneau, AK 99811

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Website: *ProfessionalLicense.Alaska.Gov/BigGameCommercialServicesBoard*

## Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for issuance of a Transporter License.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

<b>Name:</b>	First	Middle	Last
<b>Full Address:</b>	P.O. Box or Street	City	State Zip
<b>Phone:</b>			<b>Date of Birth:</b>
<b>Email:</b>			
<b>Signature:</b>			<b>Date Signed:</b>

**Department of Commerce, Community and Economic Development**  
**Division of Corporations, Business and Professional Licensing**  
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## Affidavit of Financial Responsibility by Means of Assets

Asset(s) Description	Physical Location of Asset(s)	Current Market Value (If assets were sold or withdrawn and converted into cash.)	Identification of Liens (If no liens, you must state so.)	Current Market Value Minus Any Liens
<b>Total:</b>				
(Total should equal or exceed \$100,000)				

I certify that I will notify the department within ten days of any change to the above information (12 AAC 75.420). I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

I certify that the above assets are available for payment of a legal judgement against me resulting from my services.

<b>Applicant Printed Name:</b>	<b>Title:</b> (Select One)	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer
<b>Applicant Signature:</b>	<b>Date Signed:</b>	



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## Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “Yes” answers. A “Yes” answer is not necessarily disqualifying but concealing one may be.

Each “Yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “Yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include but not be limited to: suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “Yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “Yes” to in the box.

<b>Location of Incident:</b>		<b>Date of Incident:</b>	
<b>Explanation of Incident:</b>			
<b>When in doubt, disclose and explain.</b> <b>Make copies as necessary.</b>			

**Did you attach all applicable documents associated with this incident?**

- Court orders     
  Consent agreements     
  Disciplinary actions     
  Charging documents  
 Court records     
  Fitness to practice     
  All other documentation related to this incident  
 I have additional incidents for this “Yes” answer, or “Yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

<b>Full Name:</b>		<b>PL Code:</b>	
<b>Signature:</b>		<b>Date:</b>	

**You must submit one form for each “Yes” answer. Make copies of this form as necessary.**



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Division of Corporations, Business and Professional Licensing  
PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550

## 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: \_\_\_\_\_

Program Type: \_\_\_\_\_ 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 Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

<b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>	
<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>