

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 99811-0806 Phone: (907) 465-2550 Email: *BigGameCommercialServicesBoard@Alaska.Gov* Website: *ProfessionalLicense.Alaska.Gov/BigGameCommercialServicesBoard*

Class-A Assistant or Assistant Guide License Renewal

January 1, 2024 — December 31, 2025

- Your license lapses after December 31, 2023. There is no grace period it is illegal to work if your license has lapsed.
- Emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your license certificate will be available for printing via the MY LICENSE self-service portal.

PART I **Payment of Fees** Π Full-Term Biennial License Renewal \$310.00 (for licenses first issued on or before December 31, 2022) **Alaska Residents:** Prorated Biennial License Renewal \$155.00 (for licenses first issued on or after January 1, 2023) Full-Term Biennial License Renewal \$620.00 (for licenses first issued on or before December 31, 2022) Non-Residents: Prorated Biennial License Renewal \$310.00 (for licenses first issued on or after January 1, 2023)

PART II Personal Information

Alaska Guide License Number:			Assistant Gui	de 🗌	Class-A Assistant Guide
Full Legal Name:					
Mailing Address: Address change:	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:	_	ny Correspondence Electronically ny Correspondence by Mail
Note: If both boxes are selected above, you will receive correspondence electronically.					
States Social Security Numb	R : AS 08.01.100 requires you to provide your United per. It is considered confidential information and will t may be used to verify inter-state licensure.				

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PART III 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 <u>explanation</u> and <u>documentation</u>. 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.

Since the date your last Alaska license was issued or renewed:

1.	Are you aware of any investigations or unsatisfied judgments against you in any state, jurisdiction, or in Canada?	☐ Yes ☐ No
2.	Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes but is not limited to a misdemeanor, felony, or a military offense, including a conviction involving 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.	☐ Yes ☐ No
3.	Have you 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 and including that of any military authorities or is any such action pending?	☐ Yes ☐ No
4.	Have you been convicted of violating a state or federal hunting, guiding, or transportation services statute or regulation?	☐ Yes ☐ No
5.	Have you 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?	Yes No
6.	Have you 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?	Yes No
7.	Have you been convicted of a state or federal hunting, guiding, or transportation service statute or regulation within the last 60 months, for which you received an unsuspended fine of more than \$5,000?	Yes No
8.	Have you provided big game commercial services illegally?	☐ Yes ☐ No
9.	Have you secured or attempted to secure a big game commercial services license through deceit, fraud, or intentional misrepresentation?	☐ Yes ☐ No
10.	Have you failed to comply with an order issued by the Big Game Commercial Services Board?	Yes No

PART III Professional Fitness Questions (continued)

11. Have you continued or attempted to provide big game commercial services after becoming unfit due to professional incompetence?

Yes
No

"Yes"	Answers	

If you answered "yes" to any question above, you MUST submit a full explanation of the circumstances of the events in your own words on a separate attachment. You MUST also submit all applicable supporting documents (court records, charging documents, judgments, certificate of completion, board actions, investigation notices, etc.).

PART IV Additional Questions

1.	Have you been a state or federal law enfo the past three months? If yes:	Yes No			
	Date of Termination:				
2.	Have you been employed by the Departr agency as a game or wildlife biologist wit	ment of Fish and Game or a federal wildlife management thin the last twelve months? If yes:	Yes No		
	Game Management Unit(s):				
	Hire Date:	Termination Date:			
3.	3. Did you personally pilot an aircraft and/or watercraft to transport clients in 2022?				
4.	4. Did you personally pilot an aircraft and/or watercraft to transport clients in 2023?				
5.	5. Will you personally pilot an aircraft and/or watercraft to transport clients in 2024 and/or 2025?				
6.	If yes to question 3,4, or 5, do you have a valid commercial pilot's license?	at least 500 hours of flying time in Alaska or possess a	Yes No		
	Select ONE (1) of the following:				
	I have a minimum of 500 hours of f	flying experience in Alaska.			
	I have an FAA commercial pilot's ce	ertificate.			
	Certificate Number:				
7.	Do you plan to operate a motorized vess	el in Navigable Waters? If yes:	Yes No		
	U.S. Coast Guard Operator's License #:	Expiration Date:			
8.	Are you a resident* of the State of Alaska	a as defined by AS 16.05.940(27)?	☐ Yes ☐ No		

*"Resident" means a person who for the 12 consecutive months immediately preceding the time when the assertion of residence is made has maintained the person's domicile in the state and who is neither claiming residency in another state, territory, or country nor obtaining benefits under a claim of residency in another state, territory, or country; a partnership, association, joint stock company, trust, or corporation that has its main office or headquarters in the state; a natural person who does not otherwise qualify as a resident under this paragraph may not qualify as a resident by virtue of an interest in a partnership, association, joint stock company, trust, or corporation; a member of the military service, or United States Coast Guard, who has been stationed in the state for the 12 consecutive months immediately preceding the time when the assertion of residence is made; a person who is the dependent of a resident member of the military service, or the United States Coast Guard, and who has lived in the state for the 12 consecutive months immediately preceding the time when the assertion of residence is made; or an alien who for the 12 consecutive months immediately preceding the time when the assertion of residence is made; or an alien who for the 12 consecutive months immediately preceding the time when the assertion of residence is made; or an alien who for the 12 consecutive months immediately preceding the time when the assertion of residence is made; or an alien who for the 12 consecutive months immediately preceding the time when the assertion of residence is made; or an alien who for the state and who is neither claiming residency in another state, territory, or country nor obtaining benefits under a claim of residency in another state, territory, or country.

PART V 2022-2023 Guide Outfitters

Please provide the names of the guide-outfitters that employed you during the 2022-2023 licensing period.					
Full Name	Full Name				





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Signature Page

Applicant Name:

PART VI Agreement

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

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.

Applicant Signature:

Date Signed:

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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.

LICENSE TERM:

There is no "inactive" status. If you choose not to renew your license, it will lapse. 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 are issued to the next biennial expiration date. Renewal applications become available 30-90 days prior to the 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 alleviate the requirement to renew the license if you wish to continue providing services in Alaska.

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.

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.

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.

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 **S**TATE



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

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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.							
Location of Inci	dent:				Date of	f Incident:	
Explanation of When in doub and explain. Make copies as	t, disclose						
Did you attach	all applicable d	locuments associated with	n this in	cident?			
Court Ord	ers 🗌	Consent Agreements		Disciplinary Actions		Charging D	ocuments
Court Rec	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.							
Full Name:					Progra	m:	

Signature:

Date Signed:



of ALASKA

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Credit Card Payment Form

All major credit cards are accepted. For security purposes, <u>do not email</u> 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):

Application Fee:

License or Renewal Fee:

Other (fine, 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 12/06/2022 Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!				
1. Credit Card Number:	All 3 fields MUST be completed!			
2. Expiration Date:	This section will be			
3. Security Code:	destroyed after the payment is processed.			

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