



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

PO Box 110806, Juneau, AK 99811-0806

(907) 465-2550

Email: BigGameCommercialServicesBoard@Alaska.Gov

ProfessionalLicense.Alaska.Gov/BigGameCommercialServicesBoard

Hunt Records and Transporter Activity Reports

Annual Filing Fee

- The \$300 annual filing fee for hunt records and transporter activity reports is due by March 31 or every year.
- You may fax or mail this form and attached credit card payment form to pay by credit card. **Do not email this form.**

Name of Licensee:		License #:	
Phone Number:		Email:	

Annual Fee:	<input type="checkbox"/> Registered Guide or Master Guide I am submitting my annual filing fee as required under 12 AAC 02.230(a)(8). \$300
	<input type="checkbox"/> Transporter I am submitting my annual filing fee as required under 12 AAC 02.230(c)(4). \$300

By my signature below, I certify that the above information is true and correct and that I will comply with the Statutes and Regulations set out by the Big Game Commercial Services Board.

Signature:		Date:	
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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: _____

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)

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

1. Account Number: _____

2. Expiration Date: _____

3. Billing ZIP Code: _____

4. Security Code: _____

All four fields **MUST**
be completed!

This section will be
destroyed after the
payment is processed.