



THE STATE  
of **ALASKA**

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

**REC/ZSU**

FOR DIVISION USE ONLY

ZSU: \$50.00

**Real Estate Commission**

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8160

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

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

**Real Estate Associate Broker License Renewal**

**February 1, 2024 – January 31, 2026**

- Your license lapses after January 31, 2024. **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**

Renewal Fee: (Active License)	<input type="checkbox"/> Biennial License Renewal (\$120) and Recovery Fund Fee (\$50) <i>(For licenses first issued on or before January 31, 2023)</i>	<b>\$170.00</b>
	<input type="checkbox"/> Prorated License Renewal (\$60) and Recovery Fund Fee (\$50) <i>(For licenses first issued on or after February 1, 2023)</i>	<b>\$110.00</b>
Renewal Fee: (Inactive License)	<input type="checkbox"/> Biennial Inactive License Renewal <i>(For licenses first issued on or before January 31, 2023)</i>	<b>\$120.00</b>
	<input type="checkbox"/> Prorated Inactive License Renewal <i>(For licenses first issued on or after February 1, 2023)</i>	<b>\$ 60.00</b>

**PART II Personal Information**

<b>Full Legal Name:</b> Name change: <input type="checkbox"/>				<b>License Number:</b>	
<i>If you have had a legal name change since your last certification was issued, you must complete a <a href="#">Change of Name form</a>.</i>					
<b>Mailing Address:</b> Address change: <input type="checkbox"/>	P.O. Box or Street	City	State	Zip	
<b>Contact Phone:</b>				<b>Date of Birth:</b>	
<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.					
<b>Email Address:</b>				<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<b>Note: If both boxes are selected above, you will receive correspondence electronically.</b>					
<b>SOCIAL SECURITY NUMBER:</b> AS 08.01.100 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 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.

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

- 1. Since the date your last Alaska license was issued or renewed:** Have you had a real estate license, or any professional or occupational license, denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license or certificate, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional certificate or license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?

Yes  
 No
- 2. Since the date your last Alaska license was issued or renewed:** Have you been convicted of 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.

Yes  
 No
- 3. Since the date your last Alaska license was issued or renewed:** Have you had a fidelity bond denied or revoked?

Yes  
 No
- 4. Since the date your last Alaska license was issued or renewed:** Have you been the subject of an unresolved complaint or disciplinary action before a real estate regulating authority or a professional real estate association?

Yes  
 No
- 5. Since the date your last Alaska license was issued or renewed:** Have you had a lawsuit filed against you alleging deceit, fraud, misrepresentation or conversion of funds?

Yes  
 No

"Yes" Answers

If you answered "yes" to any of the above questions, you must submit signed and dated documentation explaining the specific circumstance(s) of the incident(s).

E & O Insurance

All licensees are required to obtain and submit proof of E & O insurance, either through the master policy offered by RISC or through equivalent coverage — AS 08.88.172(c) and (f).

Continuing Education

Your license cannot be renewed unless you have met the continuing education requirements in 12 AAC 64.071 and 12 AAC 64.500.

Random Audit

The Commission will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and required to submit proof of E & O Insurance, and that you satisfied the continued competency requirements as you stated on this renewal form. Save your documents for at least four years to respond to any audits.

## PART IV Proof of Errors & Omissions Insurance

All licensees are required to obtain and submit proof of E & O insurance, either through the master policy offered by RISC or through equivalent coverage. By checking the appropriate box below, you are verifying your compliance with E & O requirements per AS 08.88.172.

### Check the box that applies:

- I have an E & O insurance policy with a deductible of NOT MORE THAN \$5,000, or I have obtained coverage through the master policy offered by RISC.
- I have an E & O insurance policy with a deductible of MORE THAN \$5,000 or self-insured retention

Per 12 AAC 02.530(2), a broker of other real estate licensees may comply with the requirements of 12 AAC 02.510(a)(1) and (2) by obtaining insurance with coverage of a minimum of \$300,000 per wrongful act and \$1,000,000 aggregate, if all licensees associated with the broker are covered.

- I am a broker with other real estate licensees under my supervision; **and**  
I have insurance with coverage of a minimum of \$300,000 per wrongful act and \$1,000,000 aggregate; **and**  
All licensees associated with my office(s) are covered under this policy.
- My license is in inactive status and E & O insurance is not required until I reactivate my license.

## PART V Continuing Education

By checking the appropriate box below, you are verifying your compliance with the continuing education requirements of Article 8 of 12 AAC 64 during the license period from February 1, 2022 through January 31, 2024.

### Designated Continuing Education (Eight Hours Required):

- |   |                |
|---|----------------|
| <input type="checkbox"/> Situational Ethics                   | <b>2 Hours</b> |
| <input type="checkbox"/> Property Disclosures & Inspections   | <b>1 Hour</b>  |
| <input type="checkbox"/> Contract & Real Estate Licensing Law | <b>2 Hours</b> |
| <input type="checkbox"/> Prohibited Conduct                   | <b>1 Hour</b>  |
| <input type="checkbox"/> Advertising & Social Media           | <b>1 Hour</b>  |
| <input type="checkbox"/> Licensee Relationships               | <b>1 Hour</b>  |
|   | <hr/>          |
|   | <b>8 Hours</b> |

### Elective Continuing Education (Twelve Hours Required):

- |  |                 |
|--|-----------------|
| <input type="checkbox"/> Elective Topics | <b>12 Hours</b> |
|  | <hr/>           |

**Total CE hours completed between February 1, 2022 and January 31, 2024:**

**20 Hours**



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**Signature Page**

<b>Applicant Name:</b>	
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**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.

<b>Applicant Signature:</b>	<b>Date Signed:</b>	
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**Verification of Office Information**

This form is for Real Estate Brokers or Associate Brokers-in-Charge only.

**PART I Type of Office**

Check the applicable box for the type of office below.

**Main Office**

<b>Broker-of-Record:</b>		<b>Office Number:</b>	
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**Branch Office**

<b>Associate Broker-in-Charge:</b>		<b>Office Number:</b>	
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**PART II Office Information**

<b>Business Name:</b>		<b>Phone Number:</b>	
<b>Physical Address:</b>	Street	City	State Zip
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Bank Name:</b>			
<b>Trust Account Name(s):</b>		<b>Trust Account Number(s):</b>	

**PART III** Ownership Type Sole Proprietorship Corporation Limited Liability Company (LLC)

Corporate/LLC Name:

Alaska Entity  
Number: Partnership

List Partners:

**PART IV** Signature

I certify that the office information provided above is true and correct to the best of my knowledge:

Broker Signature:

Date Signed:

## General Information

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### **ERRORS AND OMISSIONS INSURANCE:**

All licensees are required to obtain and submit proof of E & O Insurance, either through the Master Policy offered by RISC or through equivalent coverage.

### **RANDOM AUDIT:**

The Division will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and required to provide proof that you satisfied the continuing education requirements as stated on the renewal form and submit proof of current E & O Insurance. Please note that 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.

### **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 January 31 of even-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.

### **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.

### **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 Commission's website:  
*ProfessionalLicense.Alaska.Gov/RealEstateCommission*

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*





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

**Professional Licensing**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

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

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

## 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> When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

**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>Program:</b>	
<b>Signature:</b>		<b>Date Signed:</b>	



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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: \_\_\_\_\_

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**

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)

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