



THE STATE  
of

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

**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)

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## License Inactivation Application Instructions

An inactive licensee may not attempt or offer to do any of the activities listed in AS 08.88.161 but may receive commissions or other payments from the broker who previously contracted with or employed the licensee for services performed while actively licensed.

### 1. APPLICATION

A complete, signed application (#08-4948, pages 1-2).

### 2. FEES

Fees made payable to "State of Alaska."

|                           |          |
|---------------------------|----------|
| License Inactivation Fee: | \$150.00 |
|---------------------------|----------|

|                 |          |
|-----------------|----------|
| Total Fees Due: | \$150.00 |
|-----------------|----------|

### 3. BROKER NOTICE

The terminating broker must mail or email the completed Broker Notice to Real Estate Commission of Licensee Termination form (#08-4947) to the Real Estate Commission office. The terminating broker must also provide a copy of the completed form to the inactivating licensee.

## General Information

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### **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 January 31 of even-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.

### **PUBLIC INFORMATION:**

All information on the application will be available as 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 a 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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Website: [ProfessionalLicense.Alaska.Gov/RealEstateCommission](http://ProfessionalLicense.Alaska.Gov/RealEstateCommission)

## License Inactivation Application

### PART I Payment of Fees

Required Fees:

☐ License Inactivation Fee

**\$150.00**

### PART II Personal Information

Full Legal Name:

License  
Number:

**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: \_\_\_\_\_

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 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.*

### PART III Alaska Law

☐ I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.88 and 12 AAC 64).

### PART IV Acknowledgement

☐ I hereby certify I understand I cannot practice any real estate activities, including referrals, in Alaska during the period my license is in inactive status.



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## Signature Page

**Applicant Name:**

### **PART V** 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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**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)

## Authorization to Discuss Professional License Application and Information

Division staff is authorized to communicate only with the applicant. If the applicant is using a credentialing agency or is accepting assistance from a staffing or employment agency, division staff must have a signed release from the applicant to discuss the application and share information on file.

To authorize communication, complete this form and file with your application.

### PART I Applicant/Agency Information

|                        |  |                  |  |
|------------------------|--|------------------|--|
| Name of Applicant:     |  |                  |  |
| Program:               |  |                  |  |
| Applicant Email:       |  | Applicant Phone: |  |
| Authorized Agency:     |  | Agency Phone:    |  |
| Authorized Individual: |  | Email:           |  |

### PART II Signature

I hereby authorize staff of the Alaska Division of Corporations, Business and Professional Licensing to share and exchange information relating to my licensing application with the above-named authorized agency and individual.

This release applies to status updates, documents, and any other information required to complete my application for licensure in the State of Alaska.

☐ I give permission for you to discuss the contents of my license file with the above-named person until the date my license is issued.

☐ I give permission for you to discuss the contents of my license file with the above-named person until I withdraw permission.

|                      |  |       |  |
|----------------------|--|-------|--|
| Applicant Signature: |  | Date: |  |
|----------------------|--|-------|--|

#### Information for credentialing, staffing or employment agencies:

- Licensing staff will respond to no more than two inquiries from agencies each month. Every effort will be made to respond to inquiries quickly, please allow 10 business days for this request to be processed.
- Applicants are emailed with a status update and may contact staff to query application status at any time.
- The division will not accept applications that list an agency address as the practice address and will likewise not accept the telephone numbers or email addresses for such agencies as the applicant's own. The division may only accept those addresses, phone numbers, and email addresses if the applicant is actually practicing in that office. Alaska law requires the applicant to provide their information, not the agency information.



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