

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

Website: ProfessionalLicense.Alaska.Gov/RealEstateCommission

License Reactivation Application Instructions

An inactive license may be reactivated without retesting at any time during the two-year inactive period. If the inactive license was not reactivated within the two-year period, then you will be required to apply for initial licensure by examination in order to be licensed again.

1. APPLICATION

A complete, signed application (#08-4949, pages 1-4).

2. FEES

Fees made payable to "State of Alaska."

License reactivation for current licensing period

| License Reactivation Fee: | \$150.00 |
|---------------------------|----------|
| Total Fees: | \$150.00 |

License reactivation for license renewed with inactive status

| Total Fees: | \$200.00 |
|---------------------------|----------|
| Recovery Fee: | \$ 50.00 |
| License Reactivation Fee: | \$150.00 |

License reactivation for license lapsed with inactive status (did not renew inactive)

| Total Fees: | \$320.00 |
|---------------------------|----------|
| Renewal Fee | \$120.00 |
| Recovery Fee: | \$ 50.00 |
| License Reactivation Fee: | \$150.00 |

3. ERRORS & OMISSIONS INSURANCE

Proof/verification of E & O Insurance coverage required under AS 08.88.172.

4. EMPLOYING BROKER INFORMATION

A completed Employing Broker Information form (#08-4972) required under AS 08.88.291.

08-4949 (NEW 04/18/2025) Application Instructions Page 1 of 1

General Information

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.

POST LICENSING EDUCATION:

All new licensees are required to complete 30 hours of post-licensing education (PLE). This education must be completed within one year after the date of initial salesperson or broker licensure. This is in addition to the 20 hours of continuing education that you must complete to renew your license. After the required 30 hours of PLE is completed an Affidavit of Post Licensing Affidavit form (#08-4326) MUST be submitted to the Real Estate Commission. Copies of all certificates of the completed education and appropriate fees must accompany the PLE Affidavit within 30 days after the 1-year period of initial licensure [AS 08.88.095] or the license will lapse. New licensees applying for licensure by endorsement who hold an active and valid real estate license in another state and have been licensed by that state for 1 year or more are NOT required to complete PLE [AS 08.88.263(3)]. Additional information about post-licensing requirements is available on the commission's web site at *ProfessionalLicense.Alaska.Gov/RealEstateCommission*.

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.

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, submit an explanation with the charging and closing court documentation showing final disposition of charge(s) (e.g. court records, fitness letters, etc.).

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*.

Regulation

12 AAC 02.530. STANDARDS FOR EQUIVALENT COVERAGE.

An insurer issuing equivalent coverage under AS 08.88.172(c)(2) shall hold a certificate of authority issued under AS 21.09. All activities contemplated under AS 08.88.172 must be covered. The insurance must meet the minimum coverage standards of 12 AAC 02.510(a)(1) - (3), 12 AAC 02.510(b), and 12 AAC 02.510(c)(1) and (5), except that

- (1) a policy with a higher deductible amount or self-insured retention will qualify as equivalent coverage for purposes of AS 08.88.172(c)(2) if, when applying to obtain or renew the license, the insured licensee provides the Real Estate Commission with
 - (A) an affidavit certifying that the insured licensee has the financial resources in set-aside funds to pay the higher deductible amount or self-insured retention; and
 - (B) a certificate of insurance from the insured licensee's insurer; and
- (2) a broker employing 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.

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Real Estate Commission

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501 Website: *ProfessionalLicense*. *Alaska*. *Gov/RealEstateCommission*

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| REC: |
| ZSU: |
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License Reactivation Application

| PART I Pa | iymer | nt of Fees | | |
|---|----------------------|---|---|---|
| | | License with inactive status for current licensing period: | License Reactivation Fee REC - \$150 | \$150.00 |
| Required Fees: | | License renewed with inactive status: | s: License Reactivation and Recovery Fee \$20 | |
| | | License lapsed with inactive status (did not renew inactive): License Reactivation, Renewal, and Recovery Fee REC - \$270, ZSU- \$50 | | al, and \$320.00 |
| PART II Pe | ersona | al Information | | |
| Full Legal Name: | | | | |
| | true co _l | used (maiden, nicknames, aliases). If a py of the documentation showing proof | | eived in a prior name, you must |
| | | ed: | | |
| Mailing Address: | | | | State Zip |
| Contact Phone: | | | Date of Birth: | |
| and Professional Licensin | ng, I agree | to receive correspondence on any matter affecting e to maintain an accurate email address through tl anding may result in an inability to receive crucial i | ne MY LICENSE web page. I understan | d failure to check my email account or to |
| 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. | | | | |
| | | er to receive optional communications frank.us/mailman/listinfo/commerce-rec. | om the Real Estate Commission | n, I must subscribe to the ListServ |

PART III Proof of Errors & Omissions Insurance

through equivalent coverage. Those licensees who choose to obtain E & O insurance through equivalent coverage will be required to submit a form completed by their insurance provider that certifies the licensee has met the E & O requirements per 12 AAC 02.510.

Check the box that applies:

I have obtained coverage through the master policy offered by RISC, and I have attached or submitted a certificate of insurance from my insurance provider.

I have an E & O insurance policy with a deductible of NOT MORE THAN \$5,000 and I have attached or submitted a certificate of insurance from my insurance provider.

I have an E & O insurance policy with a deductible of MORE THAN \$5,000 or self-insured retention and I have attached or submitted a notarized affidavit certifying I have financial resources in set-aside funds to pay the higher deductible amount 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)(I) 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.

All licensees are required to obtain and submit proof of E & O insurance, either through the master policy offered by RISC or

PART IV Professional Fitness Questions

insurance from the insurance provider.

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.

When in doubt about your response, disclose and provide the required explanation and documents. Applications submitted without the required attachments will be considered incomplete and will not be processed.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.

When in doubt, disclose and explain. Since the date your last Alaska license was issued or renewed: 1. Have you had a real estate license revoked, denied, suspended, surrendered, placed on probation, or subject of any restriction, censure, reprimand, consent agreement or any other disciplinary or license action? 2. Have you had any other professional or occupational license revoked, denied, suspended, surrendered, placed on probation, or under any restriction, censure, reprimand, or any other license action in the state or any other jurisdiction?

| PART | IV Pr | rofessional Fitness Questions (continued) | | |
|------|--|---|--------|-----------|
| 3. | "crime" in theft, existing guilty by or having imposed | bu been convicted of a crime within the last seven years? For purposes of this question, includes a misdemeanor, felony, or a military offense, including but not limited to forgery, extortion, conspiracy to defraud creditors, or fraud; "convicted" includes having been found y verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, ng been given probation, a suspended imposition of sentence, or a fine; and "sentence d" includes all sanctions of the judgment including but not limited to imprisonment, fines, ion, treatment, and probation. | 0 | Yes No |
| 4. | misdeme | u currently charged with a crime? For purposes of this question, "crime" includes a leanor, felony, or a military offense, including but not limited to, forgery, theft, extortion, acy to defraud creditors, or fraud. | | Yes No |
| 5. | Have you | ou had a fidelity bond denied or revoked? | | Yes No |
| 6. | - | the subject of an unresolved complaint or disciplinary action before a real estate regulating ty or a professional real estate association? | _ | Yes No |
| 7. | Have you funds? | ou had a lawsuit filed against you alleging deceit, fraud, misrepresentation or conversion of | _ | Yes No |
| 8. | Have you | ou practiced real estate activities in Alaska during the period your license was in inactive | _ | Yes No |
| | "Yes" Ans | If you answered "yes" to any of the above questions, you must submit sign documentation explaining the specific circumstance(s) of the incident(s). | gned a | and dated |
| PART | V A | laska Law | | |
| | | ify I have reviewed, understand and will abide by the statutes and regulations applicable to my pd 12 AAC 64). | orofes | sion |

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| REC: |
| ZSU: |
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Signature Page

| Applicant Name: | | | | | |
|---|----------------------|------------------------|--------------------------|-------------------|-------------------------|
| PART VI Agre | ement | | | | |
| 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 unsworn falsification | is a Class A misdeme | eanor under Alaska Sta | atute 11.56.210 to falsi | fy an application | and commit the crime of |
| Applicant Signature: | | | | Date Signed: | |



THE STATE of ALASKA

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Professional Licensing

PO Box 110806, Juneau, AK 99811 Phone: (907) 465-2550 Email: License@Alaska.Gov Website: 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 | Applic | ant/Agency Information | | | | |
|--|---|------------------------|---------------------|-------|--|--|
| Name of Appli | cant: | | | | | |
| Program: | | | | | | |
| Applicant Ema | il: | | Applicant Phone: | | | |
| Authorized Ag | ency: | | Agency Phone: | | | |
| Authorized Ind | lividual: | | Email: | | | |
| | | | | | | |
| PART II | Signat | ure | | | | |
| 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 perr | I give permission for you to discuss the contents of my license file with the above-named person until I withdraw permission. | | | | | |
| Applicant Sign | ature: | | | Date: | | |

${\it Information for credentialing, staffing or employment agencies:}$

- 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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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 generally considered public records, unless required to be kept confidential by state or federal law.

| Write the professional fitness question number you are answering "yes" to in the box. | | | | | | |
|---|--|-----------------------------|------------------|--------|--------------|-----------|
| Location of Inc | ident: | | | Date o | of Incident: | |
| Explanation of When in doub and explain. Make copies as | ot, disclose | | | | | |
| Did you attach | all applicable | e documents associated with | this incident? | | | |
| Court Ord | ders [| Consent Agreements | ☐ Disciplinary A | ctions | Charging I | Documents |
| Court Rec | Court Records Fitness to Practice All Other Documentation Related to This Incident | | | | | 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 | ım: | |
| Signature: | | | | Date S | igned: | |

FOR DIVISION USE ONLY

This section will be destroyed after the payment is processed.

State of Alaska PO Box 110806, Juneau, AK 99811 Phone: (907) 465-2550

2. Expiration Date:

3. Security Code:

Credit Card Payment Form

| All major crodit carde a | are acconted For cocurity nurneces | s do not email credit card information | Include this credit card naumon |
|--------------------------|------------------------------------|--|---------------------------------|
| | | | |

| form with your application. | | | |
|--------------------------------------|---|----------------------|-------------------|
| Name of Applicant or Licensee: | | | |
| Profession Type (e.g., Acupuncture): | License Num | ber (if applicable): | |
| I wish to make payment by credit car | d 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. 11/21/2024) | Credit Card Payment Form (all major cards | accepted) | Page 1 of 1 |
| CREDIT CARD INFO: Your | payment cannot be processed un | less all fields a | re completed. |
| 1. Credit Card Number: | | All 3 fields MU | IST be completed. |