



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

Reinstatement Application Instructions

AS 08.88.091, AS 08.88.095, AS 08.88.241, AS 08.01.100, 12 AAC 64.064, 12 AAC 64.071, 12 AAC 64.500, 12 AAC 02.360(a)(11)

When either an active or inactive license is not renewed in January of even-numbered years and/or Post Licensing Education (PLE) was not completed within one year from initial date of licensure, the license lapses.

- A license that was not renewed may be reinstated without retesting within 24 months of expiration date.
- A license that lapsed due to noncompliance of PLE will be reinstated only when the required PLE is completed and all required documents for reinstatement are received by the Real Estate Commission.
- A lapsed license will only be reinstated as an active license.

1. APPLICATION

A complete, signed application (#08-4950, pages 1-4).

2. FEES

Fees made payable to "State of Alaska."

Non-compliance of PLE Fees

Reinstatement Fee:	\$140.00
Recovery Fee:	\$ 50.00

Total:	\$190.00
---------------	-----------------

Non-renewal of Lapsed License – Full-Term Fees

Full-term fees are for individuals initially licensed more than 12 months (on or before January 31 of odd-numbered years).

Reinstatement Fee:	\$140.00
Recovery Fee:	\$ 50.00
Renewal Fee	\$120.00

Total:	\$310.00
---------------	-----------------

Non-renewal of Lapsed License – Prorated Fees

Prorated fees are for individuals initially licensed less than 12 months (on or after February 1 of odd-numbered years).

Reinstatement Fee:	\$140.00
Recovery Fee:	\$ 50.00
Prorated Renewal Fee	\$ 60.00

Total:	\$250.00
---------------	-----------------

3. CONTINUING EDUCATION AND/OR POST LICENSING EDUCATION

Proof of necessary continuing education and/or post licensing education.

4. ERRORS & OMISSIONS INSURANCE

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

5. EMPLOYING BROKER INFORMATION

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

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.



THE STATE
of **ALASKA**

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

REC

FOR DIVISION USE ONLY

Real Estate Commission

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

Website: ProfessionalLicense.Alaska.Gov/RealEstateCommission

REC:

ZSU:

Reinstatement Application

PART I Payment of Fees (All Licensees)

Required Fees:

☐

Reinstatement and Recovery Fee
REC - \$140, ZSU- \$50

\$190.00

PART II Payment of Fees (Non-Renewal of Lapsed License)

Required Fees:

☐

Full-Term Renewal Fee
(For licenses initially issued on or before January 31 of odd-numbered years)

\$120.00

☐

Prorated Renewal Fee
(For licenses initially issued on or after February 1 of odd-numbered years)

\$ 60.00

PART III 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.

☐

I understand, in order to receive optional communications from the Real Estate Commission, I must subscribe to the ListServ at <https://list.state.ak.us/mailman/listinfo/commerce-rec>.

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. 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.

- ☐ I have E & O insurance coverage through my real estate brokerage **and** have attached or submitted a certificate of insurance from the insurance provider.

PART V 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.

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? ☐ Yes ☐ No
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 disciplinary or license action in the state or any other jurisdiction? ☐ Yes ☐ No

PART V Professional Fitness Questions *(continued)*

3. Have you been convicted of a crime within the last seven years? For purposes of this question, “crime” includes a misdemeanor, felony, or a military offense, including but not limited to forgery, theft, extortion, conspiracy to defraud creditors, or fraud; “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; and “sentence imposed” includes all sanctions of the judgment including but not limited to imprisonment, fines, restitution, treatment, and probation.
- ☐ Yes
☐ No
-
4. Are you currently charged with a crime? For purposes of this question, “crime” includes a misdemeanor, felony, or a military offense, including but not limited to, forgery, theft, extortion, conspiracy to defraud creditors, or fraud.
- ☐ Yes
☐ No
-
5. Have you had a fidelity bond denied or revoked?
- ☐ Yes
☐ No
-
6. Are you the subject of an unresolved complaint or disciplinary action before a real estate regulating authority or a professional real estate association?
- ☐ Yes
☐ No
-
7. Have you had a lawsuit filed against you alleging deceit, fraud, misrepresentation or conversion of funds?
- ☐ Yes
☐ No
-
8. Have you practiced real estate activities in Alaska during the period your license was in Lapsed status?
- ☐ 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).

PART VI 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).



THE STATE
of **ALASKA**

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

REC

FOR DIVISION USE ONLY

Real Estate Commission

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

Website: ProfessionalLicense.Alaska.Gov/RealEstateCommission

REC:

ZSU:

Signature Page

Applicant Name:

PART VII 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:



THE STATE
of

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

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 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.



THE STATE
of

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

Website: 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 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 Incident:		Date of Incident:	
Explanation of Incident: 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.

Full Name:		Program:	
Signature:		Date Signed:	



THE STATE
of **ALASKA**

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

FOR DIVISION USE ONLY

State of Alaska
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. This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		