



Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
Professional Licensing Section  
550 West 7<sup>th</sup> Avenue, Suite 1500  
Anchorage, AK 99501-3567  
(907) 269-8160  
Website: [www.commerce.state.ak.us](http://www.commerce.state.ak.us)

### REQUEST FOR DUPLICATE PROFESSIONAL LICENSE

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.**

**FEE DUE: \$5.00**

1. Licensee Name: (Only the license holder may request a duplicate license.)

\_\_\_\_\_

2. License Number and Type: \_\_\_\_\_

3. Daytime Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

4. Please list reason for need of duplicate license (i.e., original license misplaced, etc.):

\_\_\_\_\_

5. Current Mailing address: (Note: Your mailing address is considered your official address of record. If the mailing address provided on this form is different than what you have previously provided, your record will be updated unless you advise otherwise.)

\_\_\_\_\_

\_\_\_\_\_

Signature of license holder:



\_\_\_\_\_

Signature



\_\_\_\_\_

Date

**The fee of \$5.00 for the duplicate license must accompany this request. Please send the completed form and fee to:**

**Division of Corporations, Business and Professional Licensing  
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