



Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Professional Licensing Section
550 West 7th Avenue, Suite 1500
Anchorage, AK 99501-3567
(907) 269-8160
Website: www.commerce.alaska.gov.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:

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