State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567
Telephone: (907) 269-8160 ★ Fax: (907) 269-8156
E-mail: license@alaska.gov
Website: www.commerce.state.ak.us/occ

CHANGE OF NAME FORM

Please complete this form showing your present and former name. This form must be **NOTARIZED** and submitted to this office **with a copy of the court order or marriage certificate for the correction of your record** within 30 days of the change of name. (Note: If the mailing address provided below is different than what we currently have on file, your record will be updated to reflect that change unless you advise otherwise.)

FEE DUE: Submit a $5.00 fee made payable to the State of Alaska.

I, _____ am applying for or am currently licensed as
Previous Name

a/an _____ Alaska License No. (if applicable) _____
Occupation

_____
Current Mailing Address City State Zip Code

Daytime Phone No.: _____ Email: _____

I certify that effective _____ I changed my name to _____.
Name

_____
Signature/New Name

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

_____
Signature of Notary Public

NOTARY SEAL

_____
City and State

_____
My Commission Expires

REMINDER: ATTACH FEE AND NAME CHANGE CERTIFICATE