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

PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: *license@alaska.gov*
Website: *ProfessionalLicense.Alaska.Gov*

Request for License Verification

To request an official signed and sealed document verifying your Alaska license, certification, or registration to be sent to another state or agency, please complete this form and submit it with the $20 verification fee to the letterhead address. Use the attached credit card payment form or make checks payable to "State of Alaska." If you want the verification returned by express courier, also submit a prepaid addressed envelope. Requests are generally processed within 14 days of receipt.

1. About Your License

Profession:			
License Number:		**Is the license current?**	☐ Yes ☐ No
License Type:			

2. About You

Full Name:	
Mailing Address: ***This is a change***	
Signature:	**Date:**

3. Where to Send the Verification

☐ **$20 per verification**

Agency Name: _____

Mailing Address: _____

☐ **$20 per verification**

Agency Name: _____

Mailing Address: _____

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FOR DIVISION USE ONLY

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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: _____

Program Type: _____ License Number *(if applicable)*: _____

I wish to make payment by credit card for the following *(check all that apply)*: **AMOUNT**

- ☐ Application Fee: _____ _____
- ☐ License or Renewal Fee: _____ _____
- ☐ Other *(name change, wall certificate, fine, duplicate license, exam, etc.)*:
  1. _____ _____
  2. _____ _____

TOTAL: 0

Name *(as shown on credit card)*: _____

Mailing Address: _____

Phone Number: _____ Email *(optional)*: _____

Signature of Credit Card Holder: _____

08-4438 Rev 12/26/18 Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Account Number: _____
2. Expiration Date: _____
3. Billing ZIP Code: _____
4. Security Code: _____

All four fields **MUST** be completed!

This section will be destroyed after the payment is processed.