



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

State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: license@alaska.gov
Website: ProfessionalLicense.Alaska.Gov

Name Change, Address Change and/or Duplicate Professional License

I want to change my address: **No Fee**

- Physical Address**
- Mailing Address**

If you have multiple professional license numbers, only the ones you list will be updated.

- To change a business license address, browse to: BusinessLicense.Alaska.Gov
- To change an entity address, browse to: Corporations.Alaska.Gov

You can view your updated professional license record online at: ProfessionalLicense.Alaska.Gov

Name: _____

License Type: _____ License Number: _____

New Address: _____

Signature: _____

I want a duplicate professional license: **\$5.00**

Your duplicate license will be mailed to your address of record, or issued in-person only to the licensee.

Name: _____ License Number: _____

I want to change my name: **\$5.00**

You must attach a copy of the court order or marriage certificate showing your former and current name.

Previous Name: _____

License Type: _____ License Number: _____

New Name: _____

First
Middle
Last

Notarization required for name changes only — I certify that the information on this form is true and correct:

Notary Stamp

Licensee's Signature:
 Notary Public State of:
 My Commission Expires:
 Subscribed and Sworn to Before me on this Day:
 Notary's Signature:



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IMPORTANT: Update Information On Record With Other Sections Of This Division

Corporations and Business Licensing Sections require separate notification of statutorily permitted changes.

To check your entity and/or license information on record go to either of the below websites:
Under CBPL Quick Links > click License Search

To update the following information on record please submit the appropriate form and fees.

- **CORPORATIONS SECTION:**

Entity's Addresses:

Submit the Entity Address Change, form 08-4764, hardcopy via fax or US Mail. There is no filing fee for this form.

Registered Agent Addresses:

Submit the appropriate Statement of Change form, based on your specific entity type, along with its \$25 filing fee. Submit hardcopy via fax or US Mail.

Officials Addresses:

Submit the Biennial Report, if due, along with its filing fees.

(Tip: file online when available for immediate processing);

— or —

In-between biennial reports, submit the appropriate Notice of Change of Officials, based on entity type, along with its \$25 filing fee. Submit hardcopy via fax or US Mail.

Entity Name Change:

Submit the appropriate Amendment form, based on your specific entity type, along with its \$25 filing fee. Submit hardcopy via fax or US Mail.

For more information, FAQs and forms go to www.Corporations.Alaska.Gov

- **BUSINESS LICENSING SECTION:**

Business License Addresses:

Submit the Business License: Address Change, form 08-4054, hardcopy via fax or US Mail.

Other Business License Changes:

Form 08-4181: Business name change requires a new business license.

Form 08-4181: Business owner change requires a new business license.

Form 08-4731: Change of NAICS Codes

Form 08-4104: Owner's Legal Name Change (i.e. maiden to married name)

Form 08-4733: 30-Day Allowable Changes

For more information, FAQs, and forms, go to: www.BusinessLicense.Alaska.Gov



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FOR DIVISION USE ONLY

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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: _____

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!

<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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