

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, AK 99501-3567
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CHANGE OF ADDRESS FORM

Please complete this form showing your old and new mailing address. **If you have more than one license/permit/certification to update, you must list all the license numbers you want changed to reflect your new mailing address. Only the numbers that you list will be updated.**

You may confirm that the change has been made to your record by reviewing the division's website at: www.commerce.state.ak.us/occ and click on "Professional License Search." If you would like a duplicate license reflecting the change of address, please submit a \$5.00 FEE **for each license** made payable to the State of Alaska.

LICENSEE'S NAME: _____

LICENSEE'S PROFESSION: _____

LICENSE NUMBER: _____

OLD MAILING ADDRESS: _____

Name

Address

Address

City, State, ZIP Code

NEW MAILING ADDRESS: _____

Name

Address

Address

City, State, ZIP Code

TELEPHONE NUMBER: _____

Licensee's Signature

Effective Date