



THE STATE

of

ALASKA

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

Behavior Analyst Program

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/BehaviorAnalysts

Application For Behavior Analyst

"A person may not practice behavior analysis in this state without a license. A person who practices behavior analysis in this state without a license is guilty of a misdemeanor." For more information, please see AS 08.15.010.

GENERAL INSTRUCTIONS

If you received this application other than directly from the division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the division. Please read the application and all the instructions carefully. It is the applicant's responsibility to completely and accurately fill out the application and submit all required supporting documents. It is also your responsibility to request official transcripts and original verifications of licensure to be sent to this office. If the supporting documents show a name other than the one on the application (e.g., because of marriage, divorce, or any other reason), include an explanation and a certified true copy of the document that supports that change. Incomplete or incorrect documents will be returned and will cause delays in processing the application. Please type or print all requested data. If space for any answer is insufficient, use an additional sheet and specify the question to which it relates.

All documents must be originals or certified true copies of the original documents. To obtain a certified true copy, take the original documents and the photocopies to a notary public so s/he can compare each original document to its copy. Write or type "true copy of the original" on the photocopy and have the notary attest to its authenticity by including the notary's signature and seal. Documents not larger than 8½" x 11" are preferred.

The following documents and fees must be on file with the division before the file will be reviewed;

APPLICATION FOR PERMANENT LICENSURE

1. **APPLICATION:** Completed, signed, and notarized. An applicant with a "yes" answer to one or more professional conduct questions must submit a separate written, signed and dated explanation and provide copies of any supporting documents.

2. **FEES:**

Nonrefundable Application Fee	\$200
Behavior Analyst License Fee	\$250
Fingerprint Processing Fee	\$60
TOTAL FEES DUE	\$510

Make check or money order payable to the State of Alaska. You may pay by credit card by submitting Credit Card Payment Form 08-4438.

3. **FINGERPRINT CARD:** One original 8" x 8" FD 258 fingerprint card. Contact the Division of Corporations, Business and Professional Licensing to request a fingerprint card (FD 258) be sent to you. You may also obtain an FD 258 fingerprint card from a business or law enforcement office that provides fingerprinting services. No other form other than an FD 258 will be accepted by the division. To avoid delays in licensure, please ensure your fingerprints are rolled out clearly and all applicable personal information is provided as requested on the FD 258 fingerprint card. All applications will be considered incomplete until a completed card is submitted. Fingerprint processing can take 3 months or more.

4. **CERTIFICATION:** A certified true copy of certification as a Behavior Analyst issued by the Behavior Analyst Certification Board Inc., or an original Verification of Certification sent directly from the Behavior Analyst Certification Board Inc.
5. **LICENSE BY EXAMINATION:** If applying for licensure by examination, verification of successfully passing the Board Certified Behavior Analyst Examination as conducted by the Behavior Analyst Certification Board.
6. **LICENSE VERIFICATION:** Verification of licensure form from each U.S. state in which you hold or have held a license to practice as a behavior analyst. If none, please so state under *Part IV, Professional Activities*.
7. **RELEASE:** Completed Authorization for Release of Records form.

APPLICATION FOR TEMPORARY LICENSURE

1. **APPLICATION:** Completed, signed, and notarized. An applicant with a "yes" answer to one or more professional conduct questions must submit a separate written, signed and dated explanation and provide copies of any supporting documents.

2. **FEES:**

Nonrefundable Application Fee	\$200
Behavior Analyst License Fee	\$100
Fingerprint Processing Fee	\$60
TOTAL FEES DUE	\$360

Make check or money order payable to the State of Alaska. You may pay by credit card by submitting Credit Card Payment Form 08-4438.

3. **FINGERPRINT CARD:** One original 8" x 8" FD 258 fingerprint card. Contact the Division of Corporations, Business and Professional Licensing to request a fingerprint card (FD 258) be sent to you. You may also obtain an FD 258 fingerprint card from a business or law enforcement office that provides fingerprinting services. No other form other than an FD 258 will be accepted by the division. To avoid delays in licensure, please ensure your fingerprints are rolled out clearly and all applicable personal information is provided as requested on the FD 258 fingerprint card. All applications will be considered incomplete until a completed card is submitted. Fingerprint processing can take 3 months or more.
4. **CERTIFICATION:** A certified true copy of certification as a behavior analyst by the Behavior Analyst Certification Board Inc. or an original Verification of Certification sent directly from the Behavior Analyst Certification Board Inc.
5. **LICENSE VERIFICATION:** Verification of licensure form from each U.S. state in which you hold or have held a license to practice as a behavior analyst. Make additional copies, if necessary.
6. **RELEASE:** Completed Authorization for Release of Records form.

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

Please allow 4-12 weeks for processing an application.

OTHER FEES:

Wall Certificate (suitable for framing), with initial application or subsequent written request	\$20
Duplicate license (with written request)	\$5
Verification of licensure to another state (with written request)	\$20
Returned check	\$20
Address change (must be in writing)	No Fee

! General Information

APPLICATION PROCESSING:

The amount of time it takes to process the application varies, depending on when all complete and correct documents and fees are received by the division. If the application is incomplete, the applicant will be notified of incomplete and/or incorrect documents and fees. When the application is complete and correct, all supporting documents have been received, and all fees have been paid, a license will be issued and sent to you with an accompanying cover letter with further information about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided.

LICENSE TERM:

Licenses are issued for a two-year period. However, all behavior analyst permanent licenses expire on September 30 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record. The temporary license is issued for either 30 consecutive days or until the end of the calendar year, whichever period is shorter.

“YES” RESPONSES:

A “Yes” response in the application does not mean your application will be denied. If you have responded “Yes” to any professional fitness question in the application be sure to submit an explanation and documentation.

DENIAL OF APPLICATION:

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exception from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.gov* or contact the division for a copy of the form.

ABANDONMENT:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid, however the application fee will not be refunded. If no request for refund is received within that time frame, no refund will be issued.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Postsecondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program is available on the division's website at *ProfessionalLicense.Alaska.gov*. If you are unable to download the statutes and regulations, please contact the division and request a copy by mail.

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the program you want to be updated on to:

REGULATIONS SPECIALIST

Email: *RegulationsAndPublicComment@Alaska.Gov*
Department of Commerce, Community, and Economic Development
P.O. Box 110806
Juneau, Alaska 99811-0806



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FOR DIVISION USE ONLY

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Behavior Analyst License Application

PART I License Type and Payment of Fees

Biennial License by Credentials or Exam — or — Temporary License	<input type="checkbox"/> Credentials	<input type="checkbox"/> Examination	Biennial License Fee: \$250
	<input type="checkbox"/> Temporary		Temporary License Fee: \$100
Fees Applicable to all License Types	<input type="checkbox"/> Nonrefundable Application Fee		\$200
	<input type="checkbox"/> Fingerprinting Fee		\$60

PART II Personal Information

Full Legal Name	Last	First	Middle
Mailing Address	Address		
	City	State	ZIP Code
Telephone	Work	Home	
Date of Birth mm/dd/yyyy			

EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.

Email Address	
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Social Security Number: As required by state law, please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure; it may be used to verify inter-state licensure. (AS 08.01.100)	Social Security Number
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! For Temporary Licensure Applicants Only

State Planned Dates of Temporary Nonresident Practice in Alaska:

From:	Month	Day	Year	Until:	Month	Day	Year

PART III Graduate Education

List accredited college or university where qualifying graduate degree was earned.

Name of School	Location	From (Mo/Yr)	To (Mo/Yr)	Degree and Date Awarded

PART IV Professional Activities

List all current and previous behavior analyst licenses held in any state. If none, write N/A. Use an extra sheet if necessary. Verifications are sent to the Division directly from the governing body.

State	License Number	Date of Issue	License Status	Licensed by Exam or Reciprocity

PART V Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial. If you answer "Yes" to any of the questions, please explain dates and circumstances on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, etc.). Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

WHEN IN DOUBT, PLEASE DISCLOSE AND EXPLAIN!

- | | | |
|---|--------------------------------|-----------------------------|
| <p>1. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <p>2. Have you held or do you hold ANY professional license that has ever been revoked, suspended, surrendered, subject to stipulation, placed on probation, been subject to any other restriction or disciplinary action in any jurisdiction, or been denied ANY professional license?</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <p>3. Within the past five years, have you experienced, or been diagnosed with, or been treated for, bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for reactive or situational depression), or any other mental or emotional illness?</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <p>4. Within the past five years, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit-forming drugs?</p> | * Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <p>5. Within the past five years, have you had or do you have a physical disability which may impair or interfere with your ability to practice behavior analysis?</p> | * Yes <input type="checkbox"/> | No <input type="checkbox"/> |

* If "Yes" to questions 4 and/or 5 your healthcare provider must submit a signed and dated statement describing his/her relationship to the issue of concern and address your ability to safely practice.

All information submitted with this application is considered public information unless required by state or federal law to remain confidential. If additional information of a confidential nature is required, you will be notified in writing. Licensee information, including mailing addresses, is available on the division's website at ProfessionalLicense.Alaska.gov under License Search.

PART VI Notarized Signature

I certify that the information in this application is true and correct to the best of my knowledge. I further certify that all credentials and supporting documents supplied by me are true. I understand that any false information or falsification of documents may result in failure to obtain, or subsequent revocation of a license to practice behavior analysis in Alaska.

Notary Stamp	<p style="text-align: center;">_____ Signature of Applicant</p> <p style="text-align: right;">_____ Date</p> <p>SUBSCRIBED AND SWORN TO before me on this day: _____</p> <p>Notary Public for the State of: _____</p> <p>My Commission Expires: _____</p>
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PART VII Authorization for Release of Records

To Whom It May Concern:

I, _____
First Name Middle Name Last Name

residing at _____
Address City State ZIP Code

authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, dental, employment, and education records, and any records pertaining to litigation, suits, judgments and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations which are considered appropriate by the Division in connection with an official investigation and to provide copies of my records to those persons or organizations considered appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis, or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment.

I request that upon presentation of this release, or a certified true copy of it, that you provide copies of those records to the Division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for issuance of a license as a behavior analyst. This authorization expires one year from the date of my signature below.

Signature: _____ Date: _____

Home Telephone: _____ Work Telephone: _____



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PART VIII Verification of Licensure / Certification

Name and Address of Applicant	
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TO STATE LICENSING BOARD: I, the applicant, am applying for a certification to practice as a behavior analyst in the State of Alaska. The Alaska Behavior Analyst Program requires that this form be completed by each jurisdiction in which I hold or have held licenses/certificates. The state boards must complete the bottom section of this form and return it **directly to the above address**. The State of Alaska will also accept a standard computer verification that provides substantially the same information.

THIS PART TO BE COMPLETED BY THE LICENSING BOARD

Name of Licensee / Certificate Holder		Date of Birth:	
License / Certificate Number	Original Issue Date:	State:	
License Type	<input type="checkbox"/> Date by Endorsement:	<input type="checkbox"/> Date by Examination:	
Exam Source (If applicable)		Date of Exam:	
Is the License / Certificate Current?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Lapse Date:	Expiration Date:
Is the applicant the subject of an unresolved complaint or ongoing disciplinary action?			* Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the applicant's license/certificate ever been suspended, revoked, voluntarily surrendered, placed on probation, or restricted in any other way?			* Yes <input type="checkbox"/> No <input type="checkbox"/>
* If yes, please provide a copy of the disciplinary action document.			
Comments (if any)			
BOARD SEAL (All verifications must have a board seal)	Sign and Date: _____ State Board and Title: _____ Email: _____ Contact Phone Number: _____		

Fingerprinting Requirements

Your fingerprints will be used to check your criminal history records with the FBI (28 CFR 50.12(b)). Procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in 28 CFR 16.34.

This license application must be accompanied by a complete fingerprint card (may be used for the Alaska Department of Public Safety (DPS) and for the FBI national check). Fingerprint cards submitted must be those provided by the State of Alaska (printed in the pale blue ink); you may also use the standard *FBI Form FD-258*. Take the card, the instructions and photo identification to local law enforcement or other authorized agency to have the fingerprinting done. Please follow these instructions and the back of the fingerprint card.

DPS/the FBI will not accept any fingerprint cards that do not comply with the following:

1. No staples or staple holes are permitted in fingerprint cards. Also do not tape, tear or fold the cards.
2. Ensure the prints are done properly and well. Poor quality prints, smudging, non-rolled or incomplete fingerprints will cause the cards to be rejected DPS, the FBI or both.
3. All applicable sections of the top portion of the card must be legible and complete. The information/signatures must be typed, printed or signed in BLACK ink; no other color is permitted. Individual information blocks on the fingerprint cards must be filled in as follows:

NAME: Applicant's last name (comma), first name, then middle name if any; suffix denoting seniority (Jr., Sr., II, etc.) follow the middle or first name.

SIGNATURE OF PERSON FINGERPRINTED: Must be signed by the applicant.

RESIDENCE OF PERSON FINGERPRINTED: Enter the applicant's physical residence address.

DATE: Date fingerprinting was done.

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: Signature of the person who rolled the fingerprints.

EMPLOYER AND ADDRESS AND REASON FINGERPRINTED: These blocks to be completed by the State of Alaska.

ALIASES/AKA: List other names used by applicant that are different than that entered in NAME block; also list maiden names and all previous married names of females. Enter client number, 5097, at bottom of block.

CITIZENSHIP/CTZ: Enter US if a citizen of the United States; otherwise, enter correct country abbreviation.

YOUR NO./OCA: Leave this space blank (Originating Agency Case Number).

FBI NO./FBI: Enter applicant's assigned FBI number, if known.

ARMED FORCES NO/MNU: Leave this space blank.

SOCIAL SECURITY NO/SOC: List applicant's Social Security number.

MISC. NO/MNU: If Alaska resident, enter applicant's Alaska driver's license or state ID # if applicable.

ORIGINATING AGENCY IDENTIFIER (ORI): Leave blank, will be printed with AKAST0100, DPS, ANCHORAGE, AK.

SEX: F (female) or M (male). Note: Indicate if applicant is a transvestite (cross-dresser) or has had a sex change operation. List any opposite sex names used in the Aliases/AKA block.

RACE: Race must be indicated by one of the following one-character alphabetic codes:

A= Asian, Pacific Islander, Chinese, Japanese, Polynesian, Korean, Vietnamese
B= Black
I= American Indian, Alaskan Native, Eskimo
W= White, Mexican, Latin, Puerto Rican, Cuban, Central/South American and other Spanish cultures
U= Unknown

HEIGHT: Must be shown in feet and inches, fractions rounded off to nearest inch (i.e., 5'11" entered as 511)

WEIGHT: Must be expressed in pounds, fractions rounded off to nearest pound.

EYES: Indicate eye color by one of the following three-character codes:

BLK = Black	GRY = Gray	MAR = Maroon
BLU = Blue	GRN = Green	PNK = Pink
BRO = Brown	HAZ = Hazel	UNK = Unknown

HAIR: Indicate hair color by one of the following three-character codes:

BAL = Bald	BRO = Brown	SDY = Sandy
BLK = Black	GRY = Gray	WHI = White
BLN = Blonde	RED = Red	XXX = Unknown

PLACE OF BIRTH/POB: List the state, territorial possession, Canadian province, or country of birth. Use the correct abbreviation for foreign countries or correctly spell the country's name. Do not use city or county name as a POB.

DATE OF BIRTH/DOB: Enter birth date as month, day, year. Fingerprint cards of person 80+ years of age are not processed by the FBI. Note: If DOB is blank, the card will be immediately returned unprocessed.

FINGERPRINT IMPRESSION BLOCKS: (Individual and Simultaneous): It is very important care be taken to prepare the fingerprint cards properly. It will save much more time and avoid rejections to assure acceptability the first time. Use black printer's ink. Fingers should be clean and dry before being inked. Use neither too much nor too little ink nor too little nor too much pressure to make the impressions. To help ensure legibility, all 10 fingers must be rolled from nail to nail, and include the first flexion crease. Detail must be sufficient on all 10 individual prints to clearly define the loop, whorl, arch or other pattern. Roll the prints in the correct sequence.

All instructions must be followed correctly. All information on the card is essential. Please double check your work before sending the card. Illegible, incomplete or incorrect cards will be rejected and returned unprocessed.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI and the State of Alaska.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

To challenge the accuracy or completeness of your State of Alaska criminal history records, go to the Division of Statewide Services, Department of Public Safety <https://dps.alaska.gov/Statewide/R-I/Background/Home> to request to correct criminal justice information.

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b), and Alaska Regulation AAC 13.68.300.

⁴ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Privacy Act Statement

This privacy act statement is located on the back of the [FD-258 fingerprint card](#).

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018



THE STATE
of **ALASKA**

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

FOR DIVISION USE ONLY

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
333 Willoughby Avenue, 9th Floor, Juneau, AK 99801
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

CREDIT CARD PAYMENT

For security purposes, do not email credit card information. Mail this credit card payment form to the division. Do not email or fax. Completion of this form is not proof of payment until the division processes the information. If any information on this form is illegible, the form will be rejected.

Name of Applicant or Licensee: _____

License 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 05/01/18

Credit Card Payment Form

.....
VISA or Mastercard Number: _____ **Expiration Date:** _____

Billing ZIP Code: _____ **3-Digit Security Code:** _____

This section below the dotted line will be destroyed upon processing of the payment.