



Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: License@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov

Request for Exemption from Professional Licensing Requirements for Military Personnel Instructions

AS 08.01.064 and 12 AAC 02.957

This exemption is a means for military personnel to serve our country without fear of penalty due to an inability to maintain licensure. The exemption is valid while these conditions are met and for 180 days after returning to the licensee's permanent duty station. To remain licensed, the licensee must pay all fees and meet all other licensing requirements for the next licensing period after the exemption has ended. Before entering licensed practice for profit in the private sector, the licensee must come into full compliance with the licensing requirements for that licensing period.

To qualify for this exemption, military personnel must meet the following conditions:

- Alaska license in good standing at the time of the qualifying active duty order,
- Serving in a combat zone, danger pay post, or qualified hazardous duty pay area, and
- Not engaging in licensed practice for profit in the private sector.

Sec. 2. AS 08.01.100 is amended by adding a new subsection to read:

(g) A member of the armed forces of the United States on active duty in a combat zone, danger pay post, or qualified hazardous duty area, who is a licensee under this title in good standing at the time of the licensee's active duty order is exempt from any fees or other requirements to maintain that license or good standing while the licensee is in that zone, at that post, or in that area. This exemption is valid for 180 days after returning to the licensee's permanent duty station, if the licensee does not engage in licensed practice for profit in the private sector. The licensee shall pay fees and meet all other requirements for the license period beginning after the exemption ends. In this subsection,

(1) "combat zone" has the meaning given in 26 U.S.C. 112(c)(2) (Internal Revenue Code);

(2) "danger pay post" means a post so designated by the United States Secretary of State in the Department of State Standardized Regulations for purposes of danger pay under 5 U.S.C. 5928;

(3) "qualified hazardous duty area" means an area that, during the applicant's deployment, is treated as if it were a combat zone for purposes of a federal tax exemption under 26 U.S.C. 112 (Internal Revenue Code).

The following must be received by the division before your request for Exemption from Professional Licensing Requirements for Military Personnel Application can be reviewed:

1. APPLICATION

A completed application, signed and notarized (#08-4581, pages 1-2).

2. LEAVE AND EARNINGS STATEMENT (LES)

Attach Leave and Earnings Statement (LES) showing the start date, end date, and area of qualifying service.



THE STATE
of

ALASKA

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

Professional Licensing

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Request for Exemption from Professional Licensing Requirements for Military Personnel Application

Profession:			
License Number:		License Expiration Date:	
License Type:			

PART I Personal Information

Full Legal Name:				
Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).				
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Other Names Used: _____				
Mailing Address:	P.O. Box or Street	City	State	Zip
Contact Phone:			Date of Birth:	
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:			Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>				
SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.				

PART II Qualifying Service

Attach Leave and Earnings Statement (LES) showing the start date, end date, and area of qualifying service.			
Start Date of Service in Qualifying Area:		End Date of Service in Qualifying Area:	
Type of Qualifying Area:	<input type="checkbox"/> Combat Zone	<input type="checkbox"/> Danger Pay Post	<input type="checkbox"/> Qualified Hazardous Duty Area



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MIL

FOR DIVISION USE ONLY

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Notary Signature Page

Applicant Name:		
Alaska License Number (if known):		<input type="checkbox"/> <i>Application in Process</i>

PART III Notarized Signature

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	Applicant Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	