



THE STATE  
of

**ALASKA**

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

**Board of Pharmacy**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [BoardOfPharmacy@Alaska.Gov](mailto:BoardOfPharmacy@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfPharmacy](http://ProfessionalLicense.Alaska.Gov/BoardOfPharmacy)

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## Out-of-State Pharmacy Registration Application Instructions

***The following must be received by the division before your application for Out-of-State Pharmacy Registration can be reviewed:***

### 1. APPLICATION

A completed application, signed and notarized (#08-4200, pages 1-6), including:

- (a) Doing Business Name (DBA), if applicable
- (b) Ownership information
- (c) Contact, mailing, and physical location details
- (d) Name of all partners or corporate officers involved in the dispensing of prescription drugs to residents in Alaska, if applicable
- (e) Names of all pharmacists involved in the dispensing of prescription drugs to residents in Alaska, if applicable
- (f) Name of registered agent
- (g) Pharmacist-in-Charge (PIC) information
- (h) Prescription Drug Monitoring Program (PDMP) acknowledgment
- (i) Written description or copy of pharmacy's policies and procedures
- (j) Inspection attestation
- (k) Copy of license
- (l) Professional Fitness question responses

### 2. FEES

Fees made payable to "State of Alaska" in accordance with 12 AAC 02.310.

Nonrefundable Application Fee:	\$100.00
License Fee:	\$550.00
Total Fees Due:	\$650.00

### 3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4200a).

## Change of Name, Ownership, or Physical Address Requirements

A change in a pharmacy's name, owner, or physical address must apply for a new and separate license (items 1 - 3, below).

***The following must be received by the division before your application can be reviewed:***

### 1. APPLICATION

A completed application, signed and notarized (#08-4200, pages 1-6), including:

- (a) Doing Business Name (DBA), if applicable
- (b) Ownership information
- (c) Contact, mailing, and physical location details
- (d) Name of all partners or corporate officers involved in the dispensing of prescription drugs to residents in Alaska, if applicable
- (e) Names of all pharmacists involved in the dispensing of prescription drugs to residents in Alaska, if applicable
- (f) Name of registered agent
- (g) Pharmacist-in-Charge (PIC) information
- (h) Prescription Drug Monitoring Program (PDMP) acknowledgment
- (i) Written description or copy of pharmacy's policies and procedures
- (j) Inspection attestation
- (k) Copy of license
- (l) Professional Fitness question responses

## 2. APPLICATION CHANGE TYPE

If there is more than one change occurring at the same time (e.g., change of location and change of name) it is not required to pay twice for the new application.

## 3. FEES

Fees made payable to "State of Alaska" in accordance with 12 AAC 02.310.

Nonrefundable Application Fee:	\$100.00
License Fee:	\$550.00
<hr/>	
Total Fees Due:	\$650.00

## 4. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4200a).

A change means that the information as it appears on the current license certificate is or will no longer be accurate. This includes:

- Ownership structure change at the direct parent-level or name change to the owner. This appears on the certificate in the "Licensee" field.
- Adding a DBA when there was previously no DBA listed, removing a DBA, or a DBA name change. This appears on the certificate in the "Doing Business As:" field.
- Relocating from one physical location to another.

Changes requiring a new application do NOT include the below scenarios. Please contact the board to make these corrective changes administratively by emailing [boardofpharmacy@alaska.gov](mailto:boardofpharmacy@alaska.gov). Additional documentation may be requested to make the correction.

- Ownership changes at the grand-parent level or higher;
- Case-sensitive typos to the owner or DBA fields;
- Change in suite number or address due to city rezoning without a physical relocation.

## General Information

### **12 AAC 52.991. DISCIPLINARY DECISION OR CONVICTION REPORTING REQUIREMENT**

A licensee shall report in writing to the board any disciplinary decision or conviction, including conviction of a felony or conviction of another crime that affects the applicant's or licensee's ability to practice competently and safely, issued against the licensee in another jurisdiction not later than 30 days of the date of the disciplinary decision or conviction.

### **ALASKA PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)**

Mandatory reporting began on August 1, 2011. All of the necessary information regarding the Alaska PDMP can be found at [pdmp.alaska.gov](http://pdmp.alaska.gov)

### **APPLICATION PROCESSING:**

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

### **LICENSE TERM:**

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on June 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.

### **PROFESSIONAL FITNESS QUESTIONS:**

A "yes" response in the application does not mean your application will be denied. If you have responded "yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

### **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.

### **RANDOM AUDIT:**

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

### **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.

### **CERTIFIED TRUE COPIES:**

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document". To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, "I certify this is a true copy of the original document" and sign your name. The notary will compare the original document with the copy and then notarize your signature.

### **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 Exemption from Social Security Number Requirement form (#08-4372) located at [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov) or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

### **PUBLIC INFORMATION:**

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov) under License Search.

**ABANDONED APPLICATIONS:**

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. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

**BUSINESS LICENSES:**

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*

**STALE DOCUMENTS:**

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

**PAYMENT OF CHILD SUPPORT:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

**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 specific program you want to be updated on to the address below.

Regulations Specialist  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



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## Out-of-State Pharmacy Registration Application

### PART I Payment of Fees

<b>Required Fees:</b> (New Application)	<input type="checkbox"/> Nonrefundable Application Fee	<b>\$100.00</b>
	<input type="checkbox"/> License Fee	<b>\$550.00</b>
<b>Required Fees:</b> (Changes)	CHANGE TYPE	CURRENT ALASKA LICENSE #
	<input type="checkbox"/> Ownership	_____
	<input type="checkbox"/> Name	_____
	<input type="checkbox"/> Location	_____
		<b>\$650.00</b>

### PART II Pharmacy Information

<b>Facility Type:</b>	<input type="checkbox"/> Sterile Compounding	<input type="checkbox"/> Non-Sterile Compounding	<input type="checkbox"/> Hospital/Institutional
	<input type="checkbox"/> Community	<input type="checkbox"/> Mail-Order	<input type="checkbox"/> Internet
<b>Ownership Type:</b>	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
		<input type="checkbox"/> LLC	
<b>Company/Owner Name:</b>			
<b>Pharmacy Name:</b> (DBA)			
<b>Home Jurisdiction:</b>		<b>Federal Employer Identification # (EIN):</b>	
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Physical Address:</b>	Street	City	State Zip
<b>Contact Phone:</b>		<b>Toll-Free Phone:</b>	
<b>EMAIL AGREEMENT:</b> 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.			
<b>Email Address:</b>		<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<b>Note: If both boxes are selected above, you will receive correspondence electronically.</b>			

**PART III Personnel and Qualifications Information (Officers and Pharmacists)**

This section is applicable ONLY to corporate pharmacies with officers who are dispensing or distributing prescriptions to Alaska residents.

- ☐ None of the principal corporate officers of this pharmacy dispense/distribute prescription drugs to Alaska or this pharmacy is not a corporation (skip to pharmacist list).

Name of Principal Corporate Officer	Title	Location (City, State)

List ONLY the pharmacists who are dispensing/distributing prescriptions to Alaska residents.

Name of Pharmacist	Title	Location (City, State)

**PART IV Registered Agent**

An out-of-state pharmacy applying for registration is required to appoint a registered agent in Alaska to accept, on behalf of the pharmacy, process, notice, and demand required or permitted by law to be served on the pharmacy.

Name of Registered Agent:

- OR -

- ☐ A registered agent cannot be named because the registered agent cannot be found at the registered office. The registered agent will default to the department.

## **PART V** Satisfactory Record Keeping & Sworn Statement

By providing my signature below, this pharmacy submits a sworn statement that it maintains its records of prescription drugs dispensed to persons in Alaska. Our records will be readily retrievable from the records of other prescription drugs dispensed by the pharmacy, as demonstrated in one of the following ways:

Select one of the following options:

- ☐ Providing a description of our pharmacy's policies and procedures relating to satisfactory record keeping. (Describe below.)

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- or -

- ☐ Attaching a copy of our pharmacy's policies and procedures relating to satisfactory record keeping.

<b>Name of Pharmacist-in-Charge:</b>			
<b>Signature of Pharmacist-in-Charge:</b>		<b>Date Signed:</b>	

## **PART VI** Inspection Attestation

I attest that:

- ☐ A self-inspection report was completed within the last two years.

- and -

- ☐ A copy of the self-inspection will be made available upon request.

## PART VII Copy of License

A copy of a current and valid license is required but does not need to be a certified true copy. Simply make a copy of the current license and submit it with this application.

- ☐ I have attached a copy of a current valid license, permit, or registration to conduct operations in the home jurisdiction from the state below.

State:		Expiration Date:	
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## PART VIII Pharmacist-in-Charge (PIC) Information

Pharmacist-in-Charge Name:		License Number:	
Email Address:		Contact Phone:	

☐ **Communication Acknowledgement:** If the email address provided in this section differs from the email address provided on page 1, and if this pharmacy prefers electronic communication, I understand the email on page 1 will be considered the main point of contact for this pharmacy.

## PART IX Prescription Drug Monitoring Program (PDMP) Reporting

Pharmacists not licensed in Alaska employed by an out-of-state pharmacy are not required to register individually with Alaska's Prescription Drug Monitoring Program; however, if you do hold an Alaska pharmacist license and dispense federally scheduled II-IV controlled substances, you must register with the PDMP.

Please visit [alaska.pdmp.gov](http://alaska.pdmp.gov) for additional information and sign-up at [alaska.pmpaware.net](http://alaska.pmpaware.net).

Select one of the following:

- ☐ **Pharmacy does NOT ship, mail, or distribute federally scheduled II-IV controlled substances into Alaska.**

Reporting prescription information is not required, and this out-of-state pharmacy will not be added to the Prescription Drug Monitoring Program (PDMP). There is no waiver process to obtain an exemption. If this pharmacy does not distribute, the reporting mandate does not apply.

- or -

- ☐ **Pharmacy DOES ship, mail, or distribute federally scheduled II-IV controlled substances into Alaska.**

Reporting prescription information is required, and this out-of-state pharmacy will be added to the Prescription Drug Monitoring Program (PDMP). The pharmacy DEA registration number is required to track compliance with data submission requirements set out in AS 17.30.200(b). To report dispensation data, register with NABP's ClearingHouse and select Alaska as a reporting state.

DEA Registration Number:		Expiration Date:	
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By my signature below, I attest that I have correctly indicated whether this out-of-state pharmacy is shipping, mailing, or distributing controlled substances into Alaska. I acknowledge that if this out-of-state pharmacy is required to report to the PDMP, I am responsible for submitting data due to my position as the pharmacist-in-charge as specified in AS 17.30.200(b) and that reporting is required daily.

I further attest That the information contained in this application is true and correct. I understand that information supplied with this application is considered public, unless required to be kept confidential pursuant to state or federal law.

Pharmacist-in-Charge Signature:		Date Signed:	
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## PART X Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

**For each "yes" response to any question, you must provide an explanation and documentation.** Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

All disciplinary decisions or convictions must be reported to the board within thirty days, in accordance with 12 AAC 52.991. When in doubt about your response, disclose and provide the required explanation and documents. Applications submitted without the required attachments will be considered incomplete and will not be processed.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

### When in doubt, disclose and explain.

#### *Has the owner or any employee:*

1. Received any disciplinary decisions or adverse actions, including a decision or action resulting in a license being denied, suspended, surrendered, revoked, conditioned, limited, or otherwise restricted by a federal, state, or local government against the pharmacy or facility's present license/registration for the manufacture, distribution, or dispensation of drugs and/or devices? ☐ Yes ☐ No

2. (For an owner of the pharmacy or facility where it is currently physically located and under this specific license or registration) been convicted of a felony? For the purpose of this question, felony convictions apply to the owner of the pharmacy/facility where it is physically located as well as to any individual employed at the pharmacy or facility. This question does not apply to felony convictions of tertiary-level owners (e.g.: grandparent or higher), subsidiary companies (e.g.: holding companies or companies with differing employer identification numbers), or associated companies (e.g.: pharmacies or facilities owned by the same parent company but physically located elsewhere). ☐ Yes ☐ No

If this owner holds more than one license/registration for pharmacies or facilities located in different physical locations, responses to this section must be specific to the licensee/registration this renewal application is being submitted for.

3. (If yes to above, due to felony convictions of an owner is the owner also individually licensed by the Alaska Board of Pharmacy under AS 08.80?) For the purpose of this question, an owner is a sole-proprietor owner, individual owner, managing officer of a corporation, association, or joint stock company owner. ☐ Yes ☐ No

4. Been convicted of a crime that affects the licensee or registrant's ability to practice safely or competently? ☐ Yes ☐ No

"Yes" Answers

**If you answered "yes" to any of the above questions, you must submit signed and dated documentation explaining the specific circumstance(s) of the incident(s).**



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## Notary Signature Page

### PART XI 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).

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



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## Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and records pertaining to litigation, judgments, suits 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 that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

I request that upon presentation of this release, or a Certified True Copy thereof, 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 the application (initial, renewal, reactivation) for issuance of an Out-of-State Pharmacy Registration.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

<b>Name:</b>	First	Middle	Last
<b>Full Address:</b>	P.O. Box or Street	City	State Zip
<b>Phone:</b>		<b>Date of Birth:</b>	
<b>Email:</b>			
<b>Signature:</b>		<b>Date Signed:</b>	



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## Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “Yes” answers. A “Yes” answer is not necessarily disqualifying but concealing one may be.

Each “Yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “Yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include but not be limited to: suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “Yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “Yes” to in the box.

Location of Incident:	Date of Incident:
Explanation of Incident:	
When in doubt, disclose and explain. Make copies as necessary.	

**Did you attach all applicable documents associated with this incident?**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Court orders  | <input type="checkbox"/> Consent agreements  | <input type="checkbox"/> Disciplinary actions                             | <input type="checkbox"/> Charging documents |
| <input type="checkbox"/> Court records   | <input type="checkbox"/> Fitness to practice | <input type="checkbox"/> All other documentation related to this incident |   |
| <input type="checkbox"/> I have additional incidents for this “Yes” answer, or “Yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident. |  |   |   |

Full Name:	PL Code:
Signature:	Date:

**You must submit one form for each “Yes” answer. Make copies of this form as necessary.**



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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: \_\_\_\_\_

Profession Type (e.g., Acupuncture): \_\_\_\_\_

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 (fine, 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 12/06/2022

Credit Card Payment Form (all major cards accepted)

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

1. Credit Card Number: \_\_\_\_\_

2. Expiration Date: \_\_\_\_\_

3. Security Code: \_\_\_\_\_

All 3 fields **MUST** be completed!

This section will be destroyed after the payment is processed.