



THE STATE  
of

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

**Real Estate Commission**

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8168

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

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

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## Office Registration Application Instructions

### You must register your office.

To become licensed as a Real Estate Broker, you must also register your office. You must inform the Commission of **any** changes after you open for business. The "Real Estate Office Registration" form (#08-4005) is provided by the Real Estate Commission for this purpose.

### To open a new main or branch office (#08-4005):

- Check the box at the top of the page which states "Opening New Office."
- Complete the section indicating the type of office: "Main" or "Branch."
- Pay the appropriate fee.

If the **new** office is a **partnership, limited liability company, or a corporation**: You must also submit a "Partnership Affidavit," a "Limited Liability Company Affidavit," or a "Corporation Affidavit." Complete the form that applies to your business organization.

- **Partnership:**
  - Complete the Partnership Affidavit form (#08-4005b) giving all requested information about the partnership and designating the broker.
  - Each partner must complete a signature block.
- **Limited Liability Company:**
  - Attach a list of all organizers and manager, if applicable.
  - The Limited Liability Company Affidavit (#08-4005c) may be signed by all members or a manager if so designated.
- **Corporation:**
  - Attach a list of all corporate officers and directors.
  - The Corporation Affidavit (#08-4005d) may be signed by any corporate officer.
  - The corporate resolution naming the broker must be reflected in the minutes of the board meeting. The minutes need not be submitted to the Commission.

## Office Changes Application Instructions

### To register changes to your existing office (#08-4005a):

- Check the box(es) which identify the information being changed at the top of the page which states "Office Changes."
- Provide the correct new information in the appropriate "Main" or "Branch" section.
- Pay the appropriate fee.

## Alaska Real Estate Commission Fee Schedule – Office Actions

Type of Action	Fee Amount
Open new office – main or branch	\$200
Change of business name	\$120 (for each licensee in office)
Change of Broker	\$120 (for each licensee in office)
Change of Associate Broker in charge of branch office	\$120 (for each licensee in office)
Change form of business (Sole Proprietorship to Partnership or Corporation or vice versa)  This change requires the closing of the office under the “former” ownership and opening a new office under the “new” ownership.  This change also requires all licensees in the “former” office to transfer their licenses to the “new” office. See “Application to Change License Status.”	\$225 License transfer
Register new trust account information	\$0
Close office	\$0
Broker returning license of Associate Broker or Salesperson to Commission	\$0



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## Office Registration Application

### PART I Payment of Fees

<b>Required Fees:</b>	<input type="checkbox"/> Initial Office Registration	<b>\$200.00</b>
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### PART II Registration Information

Attach a list of licensee names and license numbers.

<b>Opening New Office:</b>	<input type="checkbox"/> Main Office	<input type="checkbox"/> Branch Office	<input type="checkbox"/> Referral Office
<b>Type of Organization:</b>	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership (Attach Partnership Affidavit, form #08-4005b)	
	<input type="checkbox"/> LLC (Attach LLC Affidavit, form #08-4005c)	<input type="checkbox"/> Corporation (Attach Corporation Affidavit, form #08-4005d)	

### PART III Main Office Information

<b>Business Name:</b>		<b>Phone Number:</b>	
<b>Owner of Business:</b>	Print the name of Sole Owner, Corporation, LLC or LLP as applicable.		
<b>Corporation Entity #:</b>		<b>Partnership #:</b>	
<b>Physical Address:</b>	Street	City	State      Zip
<b>Mailing Address:</b>	P.O. Box or Street	City	State      Zip
<b>Trust Account Name:</b>		<b>Trust Account Number:</b>	
<b>Bank Name:</b>		<b>Branch:</b>	
<b>Broker of Record:</b>		<b>License Number:</b>	

**PART IV** Branch Office Information

<b>Business Name:</b>		<b>Phone Number:</b>	
<b>Owner of Business:</b>	Print the name of Sole Owner, Corporation, LLC or LLP as applicable.		
<b>Corporation Entity #:</b>		<b>Partnership #:</b>	
		<b>LLC Entity #:</b>	
<b>Physical Address:</b>	Street	City	State Zip
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Trust Account Name:</b>		<b>Trust Account Number:</b>	
<b>Bank Name:</b>		<b>Branch:</b>	
<b>Associate Broker in Charge:</b>		<b>License Number:</b>	
<b>Associate Broker Signature:</b>		<b>Date Signed:</b>	



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**Office Registration Signature Page**

<b>Office Name:</b>	
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**PART V Agreement**

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, certificate, 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.

<b>Broker or Associate Broker in Charge Signature:</b>		<b>Date Signed:</b>	
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**Office Changes Application**

**PART I Payment of Fees**

<b>Required Fees:</b>	<input type="checkbox"/> Change Broker	<b>\$120.00</b> (For each licensee)
	<input type="checkbox"/> Change of Associate Broker in Charge	<b>\$120.00</b> (For each licensee)
	<input type="checkbox"/> Change Business Name	<b>\$120.00</b> (For each licensee)
	<input type="checkbox"/> Close Office (No Fee)	<b>\$0.00</b>

**PART II Change Information**

Enclose original license certificates (signed and dated by employing broker) of all licensees in office, including broker.

**Type of Office:**     Main Office                       Branch Office                       Referral Office

**Office Number:**

**PART III Main Office Information**

<b>Business Name:</b>				<b>Phone Number:</b>	
<b>Owner of Business:</b>	Print the name of Sole Owner, Corporation, LLC or LLP as applicable.				
<b>Corporation Entity #:</b>		<b>Partnership #:</b>		<b>LLC Entity #:</b>	
<b>Physical Address:</b>	Street	City	State	Zip	
<b>Mailing Address:</b>	P.O. Box or Street	City	State	Zip	
<b>Trust Account Name:</b>				<b>Trust Account Number:</b>	
<b>Bank Name:</b>				<b>Branch:</b>	
<b>Broker of Record:</b>				<b>License Number:</b>	

**PART IV Branch Office Information**

<b>Business Name:</b>		<b>Phone Number:</b>	
<b>Owner of Business:</b>	Print the name of Sole Owner, Corporation, LLC or LLP as applicable.		
<b>Corporation Entity #:</b>		<b>Partnership #:</b>	
<b>LLC Entity #:</b>			
<b>Physical Address:</b>	Street	City	State Zip
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Trust Account Name:</b>		<b>Trust Account Number:</b>	
<b>Bank Name:</b>		<b>Branch:</b>	
<b>Associate Broker in Charge:</b>		<b>License Number:</b>	
<b>Associate Broker Signature:</b>		<b>Date Signed:</b>	



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**Office Changes Signature Page**

<b>Office Name:</b>	
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<b>Broker or Associate Broker in Charge Signature:</b>	<b>Date Signed:</b>	
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## Partnership Affidavit

Each partner must sign this application.

<b>Name of Partnership:</b>			
<b>Date Formed:</b>		<b>Location:</b> (City, State)	
<b>Broker-in-Charge Name:</b>			
<b>Office Registered As:</b>			

The aforementioned partnership is a partnership by virtue of a partnership agreement executed on the date above. By action of the partners, the above-named broker has been named Broker-in-Charge of the partnership real estate office registered, with authority to manage all of the business conducted by the company which requires a real estate license according to AS 08.88.171.

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, certificate, or permit to practice in the state of Alaska.

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<b>Partner #1 Name:</b>		<b>License Number:</b>	
<b>Partner #1 Signature:</b>		<b>Date Signed:</b>	
<b>Partner #2 Name:</b>		<b>License Number:</b>	
<b>Partner #2 Signature:</b>		<b>Date Signed:</b>	
<b>Partner #3 Name:</b>		<b>License Number:</b>	
<b>Partner #3 Signature:</b>		<b>Date Signed:</b>	
<b>Partner #4 Name:</b>		<b>License Number:</b>	
<b>Partner #4 Signature:</b>		<b>Date Signed:</b>	



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## Limited Liability Company Affidavit

<b>Name of Limited Liability Company:</b>			
<b>Date Formed:</b>		<b>Location:</b> (City, State)	
<b>Broker-in-Charge Name:</b>			
<b>License Number:</b>			
<b>Office Registered As:</b>			

The aforementioned limited liability company is a limited liability company by virtue of the Articles of Organization executed in accordance with AS 10.50 on the date above. By action of the members, the above-named broker has been named Broker-in-Charge of the office registered with the Real Estate Commission, with authority to manage all of the business conducted by the company which requires a real estate license according to AS 08.88.171.

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, certificate, or permit to practice in the state of Alaska.

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<b>Broker Signature:</b>		<b>Date Signed:</b>	
<b>LLC Manager Signature:</b>		<b>Date Signed:</b>	



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## Corporation Affidavit

Attach a list of all officers and directors. The corporate resolution naming the broker must be reflected in the minutes of a board meeting.

<b>Name of Corporation:</b>	
<b>Broker-in-Charge Name:</b>	
<b>License Number:</b>	

Be it resolved by the action and authority of the Board of Directors of the above-named corporation that the aforementioned broker has been designated Broker-in-Charge of the corporate real estate office in compliance with AS 08.88.161 and 12 AAC 64.065, the provisions of which are incorporated in this resolution by reference.

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, certificate, or permit to practice in the state of Alaska.

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<b>Corporate Officer Signature:</b>		<b>Date Signed:</b>	
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PO Box 110806, Juneau, AK 99811  
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: \_\_\_\_\_

Program Type: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply):

- |  | <b>AMOUNT</b> |
|--|---------------|
| <input type="checkbox"/> Application Fee: _____  | _____         |
| <input type="checkbox"/> License or Renewal Fee: _____   | _____         |
| <input type="checkbox"/> 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)

<b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>	
<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 <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>