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) 269-8160
Email: *RealEstateCommission@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/RealEstateCommission*

# Real Estate Associate Broker by Endorsement Application Instructions

***The following must be received by the division before your application for Real Estate Associate Broker by Endorsement can be reviewed:***

**1. APPLICATION**
A signed, completed application (#08-4168, pages 1-4).

**2. FEES**
Fees made payable to "State of Alaska" in accordance with AS 08.88.171(b), 12 AAC 64.059(f)(7) and (8), 12 AAC 02.360(a)(l) and (5), and 12 AAC 64.073.

| | |
|---|---|
| Nonrefundable Application Fee | $200.00 |
| License Fee: | $120.00 |
| Recovery Fund Fee: | $ 50.00 |

**3. EDUCATION**
Proof of broker education equivalent to the 30 hours required in 12 AAC 64.063(b) or 30 hours of an Alaska approved broker education course. Copies of your education certificates or a transcript is required. In accordance with 12 AAC 64.063(a)(2), these hours must have been completed **within 24 months** immediately preceding the date of application. You must have a complete application filed with the Alaska Real Estate Commission prior to the expiration of the education. Education topics are listed in 12 AAC 64.063(b).

**4. EXAM**
An Exam score sheet verifying proof of passing the "Alaska" portion of the broker exam. Exam scores are **valid ONLY for six months from the date of exam.** You must have a complete application filed with the Alaska Real Estate Commission prior to expiration of the exam scores. For information and the application for examination, contact Pearson VUE at 1-800-274-5992 or *www.pearsonvue.com* [AS 08.88.171(a), AS 08.88.263(1), 12 AAC 64.059(g)(l) and 12 AAC 64.060(a) and (e)].

**5. AFFIDAVIT OF EXPERIENCE**
An Affidavit of Real Estate Licensee Experience form (#08-4168b) signed by your supervising broker(s) confirming licensee experience must be submitted. Verification that you worked as an active and continuous licensee for at least 36 months within the immediate 60 months prior to your initial broker license application. However, if documented evidence reflecting licensee experience is confirmed on the license history documentation, the affidavit is not required [AS 08.88.171(b)].

**6. VERIFICATION OF LICENSURE**
Verification of Licensure must be sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice real estate. Each verification must include an explanation of any disciplinary action taken against the licensee. Check with each of the state boards you are or have been licensed in for their verification request process. If a state offers primary source verification on their website, that can be accepted as long as the website clearly confirms that it's a primary source verification.

**7. PRINCIPAL OCCUPATION STATEMENT**
Completion of a written statement verifying you have worked as a real estate licensee as your principal occupation within the **immediate six months** preceding the date of application [12 AAC 64.061(c)(l)]. The statement is included as Part VI of the application form. To be eligible for endorsement, you must have within those six months:

- owned a real estate business;
- been employed as a broker by a corporation or partnership; or
- been an actively licensed broker or associate broker under another broker [12 AAC 64.061(c)].

**8. ERRORS & OMISSIONS INSURANCE**
Proof/verification of E & O Insurance coverage required under AS 08.88.172.

**9. EMPLOYING BROKER INFORMATION**

A completed Employing Broker Information form (*#08-4972*) required under AS 08.88.291.

**10. ALASKA REAL ESTATE LAW COURSE**

Evidence of completing a 6-hour course on Alaska's Real Estate Law [12 AAC 64.059(g)]. In accordance with 12 AAC 64.063(a)(2), all real estate education courses used to qualify for initial licensure **must have been completed within the 24 months immediately preceding the date of the application**. For a list of approved schools go to: *ProfessionalLicense.Alaska.Gov/RealEstateCommission* under the Education link/Real Estate Schools (PDF).

# General Information

**ERRORS AND OMISSIONS INSURANCE:**
All licensees are required to obtain and submit proof of E & O Insurance, either through the Master Policy offered by RISC or through equivalent coverage.

**POST LICENSING EDUCATION:**
All new licensees are required to complete 30 hours of post-licensing education (PLE). This education must be completed within one year after the date of initial salesperson or broker licensure. This is in addition to the 20 hours of continuing education that you must complete to renew your license. After the required 30 hours of PLE is completed, an Affidavit of Post Licensing Education form (#08-4326) MUST be submitted to the Real Estate Commission. Copies of all certificates of the completed education and appropriate fees must accompany the PLE Affidavit within 30 days after the 1-year period of initial licensure [AS 08.88.095] or the license will lapse. New licensees applying for licensure by endorsement who hold an active and valid real estate license in another state and have been licensed by that state for 1 year or more are NOT required to complete PLE [AS 08.88.263(3)]. Additional information about post-licensing requirements is available on the commission web site: *ProfessionalLicense.Alaska.Gov/RealEstateCommission.*

**APPLICATION PROCESSING:**
The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the license may 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:**
Licenses are issued for a two-year period and expire on January 31 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

**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, submit an explanation with the charging and closing court documentation showing final disposition of charge(s) (e.g. court records, fitness letters, etc.).

**DENIAL OF APPLICATION:**
Be aware that the denial of an application for 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 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. The name appearing on the license must be your current legal name.

**SOCIAL SECURITY NUMBERS:**
AS 08.01.060 requires a U.S. Social Security Number be on file with the division before a professional license is issued. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.Gov.*

**PUBLIC INFORMATION:**
All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

**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 a 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*. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov.*

## Regulation

**12 AAC 02.530. STANDARDS FOR EQUIVALENT COVERAGE.**
An insurer issuing equivalent coverage under AS 08.88.172(c)(2) shall hold a certificate of authority issued under AS 21.09. All activities contemplated under AS 08.88.172 must be covered. The insurance must meet the minimum coverage standards of 12 AAC 02.510(a)(1) – (3), 12 AAC 02.510(b), and 12 AAC 02.510(c)(1) and (5), except that

(1) a policy with a higher deductible amount or self-insured retention will qualify as equivalent coverage for purposes of AS 08.88.172(c)(2) if, when applying to obtain or renew the license, the insured licensee provides the Real Estate Commission with
   (A) an affidavit certifying that the insured licensee has the financial resources in set-aside funds to pay the higher deductible amount or self-insured retention; and
   (B) a certificate of insurance from the insured licensee's insurer; and
(2) a broker employing other real estate licensees may comply with the requirements of 12 AAC 02.510(a)(1) and (2), by obtaining insurance with coverage of a minimum of $300,000 per wrongful act and $1,000,000 aggregate, if all licensees associated with the broker are covered.

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# Real Estate Associate Broker by Endorsement Application

## PART I Payment of Fees

| | | |
|---|---|---|
| **Required Fees:** | ☐ Application, License and Recovery Fund Fee ($200 is Non-Refundable)<br>**REC - $320, ZSU- $50** | **$370.00** |

## PART II 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).

☐ Not Applicable
☐ 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 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:** | ☐ Send my Correspondence Electronically<br>☐ Send my Correspondence by Mail |

***Note: If both boxes are selected above, you will receive correspondence electronically.***

| | |
|---|---|
| **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. | |

☐ I understand, in order to receive optional communications from the Real Estate Commission, I must subscribe to the ListServ at *https://list.state.ak.us/mailman/listinfo/commerce-rec*.

## PART III Professional License(s)

List all states or jurisdictions in which you are currently, or ever have been licensed/certified in the real estate profession. License verifications must be sent directly to the Alaska Real Estate Commission from another licensing authority.
*Print additional pages as needed.*

| State or Jurisdiction | License Number | License Category | Active or Inactive | Expiration Date |
|---|---|---|---|---|
| | | | ☐ Active<br>☐ Inactive | |
| | | | ☐ Active<br>☐ Inactive | |
| | | | ☐ Active<br>☐ Inactive | |
| | | | ☐ Active<br>☐ Inactive | |

## PART IV Proof of Errors & Omissions Insurance

All licensees are required to obtain and submit proof of E & O insurance, either through the master policy offered by RISC or through equivalent coverage. Those licensees who choose to obtain E & O insurance through equivalent coverage will be required to submit a form completed by their insurance provider that certifies the licensee has met the E & O requirements per 12 AAC 02.510.

**Check the box that applies:**

☐ I have obtained coverage through the master policy offered by RISC, and I have attached or submitted a certificate of insurance from my insurance provider.

☐ I have an E & O insurance policy with a deductible of NOT MORE THAN $5,000 and I have attached or submitted a certificate of insurance from my insurance provider.

☐ I have an E & O insurance policy with a deductible of MORE THAN $5,000 or self-insured retention and I have attached or submitted a notarized affidavit certifying I have financial resources in set-aside funds to pay the higher deductible amount or self-insured retention.

Per 12 AAC 02.530(2), a broker of other real estate licensees may comply with the requirements of 12 AAC 02.510(a)(l) and (2) by obtaining insurance with coverage of a minimum of $300,000 per wrongful act and $1,000,000 aggregate, if all licensees associated with the broker are covered.

☐ I have E & O insurance coverage through my real estate brokerage **and** have attached or submitted a certificate of insurance from the insurance provider.

## PART V Alaska Law

☐ I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.88 and 12 AAC 64).

## PART VI Principal Occupation Statement

In accordance with 12 AAC 64.061(c)(1), I verify I have practiced real estate actively as my principal occupation within the immediate six months preceding this application.

| | | | |
|---|---|---|---|
| **Brokerage Name:** | | | |
| **Practice Start Date:** | | **Practice End Date:** | |

**I confirm:**

- ☐ I have owned a real estate business within the past six months;
- ☐ I have been employed as a broker by a corporation or a partnership; OR
- ☐ I have been an actively licensed broker or associate broker under another broker within the past six months.

## PART VII 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.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.

### When in doubt, disclose and explain.

| | | |
|---|---|---|
| **1.** | Have you ever had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending? | ☐ **Yes** ☐ **No** |
| **2.** | Have you been convicted of a crime within the last seven years? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to forgery, theft, extortion, conspiracy to defraud creditors, or fraud; "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; and "sentence imposed" includes all sanctions of the judgment including but not limited to imprisonment, fines, restitution, treatment, and probation. | ☐ **Yes** ☐ **No** |
| **3.** | Are you currently charged with a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to, forgery, theft, extortion, conspiracy to defraud creditors, or fraud. | ☐ **Yes** ☐ **No** |
| **4.** | Have you ever had a fidelity bond denied or revoked? | ☐ **Yes** ☐ **No** |
| **5.** | Are you the subject of an unresolved complaint or disciplinary action before a real estate regulating authority or a professional real estate association? | ☐ **Yes** ☐ **No** |
| **6.** | Have you ever had a lawsuit filed against you alleging deceit, fraud, misrepresentation or conversion of funds? | ☐ **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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# Signature Page

| | | |
|---|---|---|
| **Applicant Name:** | | |
| **Alaska License Number (if known):** | | ☐ *Application in Process* |

## PART VIII Agreement

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

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

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

| | | | |
|---|---|---|---|
| **Applicant Signature:** | | **Date Signed:** | |

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# Affidavit of Real Estate Licensee Experience

Verification of active and continuous licensee experience for at least 36 months within the 60 months immediately preceding your initial license application. However, if documented evidence reflecting licensee experience is confirmed on the license history documentation, the affidavit is not required [AS 08.88.171(b); 12 AAC 64.059(d)(5)].

→ **Applicant:** Complete this top section. The past supervising broker where you worked as a real estate licensee prior to becoming an associate broker must submit this form.

| | | | | |
|---|---|---|---|---|
| **Applicant Name:** | | | | |
| **Applicant Address:** | P.O. Box or Street City State Zip | | | |
| **License Number:** | | **State of Licensure:** | | |
| **Applicant Start Date:** | | **Applicant End Date:** | | |
| **Applicant Signature:** | | | **Date Signed:** | |

→ **Broker:** Complete this form and return directly to the Real Estate Commission at the letterhead address.

| | | | | |
|---|---|---|---|---|
| **Broker Name:** | | **Title:** | | |
| **Office Name:** | | **Phone Number:** | | |
| **Office Address:** | P.O. Box or Street City State Zip | | | |
| **Applicant Start Date:** | | **Applicant End Date:** | | |
| **Total Months Worked:** | | | | |
| **Broker Signature:** | | | **Date Signed:** | |

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

# Authorization to Discuss Professional License Application and Information

Division staff is authorized to communicate only with the applicant. If the applicant is using a credentialing agency or is accepting assistance from a staffing or employment agency, division staff must have a signed release from the applicant to discuss the application and share information on file.

To authorize communication, complete this form and file with your application.

## PART I Applicant/Agency Information

| | | | |
|---|---|---|---|
| **Name of Applicant:** | | | |
| **Program:** | | | |
| **Applicant Email:** | | **Applicant Phone:** | |
| **Authorized Agency:** | | **Agency Phone:** | |
| **Authorized Individual:** | | **Email:** | |

## PART II Signature

I hereby authorize staff of the Alaska Division of Corporations, Business and Professional Licensing to share and exchange information relating to my licensing application with the above-named authorized agency and individual.

This release applies to status updates, documents, and any other information required to complete my application for licensure in the State of Alaska.

☐ I give permission for you to discuss the contents of my license file with the above-named person until the date my license is issued.

☐ I give permission for you to discuss the contents of my license file with the above-named person until I withdraw permission.

| | | | |
|---|---|---|---|
| **Applicant Signature:** | | **Date:** | |

***Information for credentialing, staffing or employment agencies:***

- Licensing staff will respond to no more than two inquiries from agencies each month. Every effort will be made to respond to inquiries quickly, please allow 10 business days for this request to be processed.
- Applicants are emailed with a status update and may contact staff to query application status at any time.
- The division will not accept applications that list an agency address as the practice address and will likewise not accept the telephone numbers or email addresses for such agencies as the applicant's own. The division may only accept those addresses, phone numbers, and email addresses if the applicant is actually practicing in that office. Alaska law requires the applicant to provide their information, not the agency information.

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**Professional Licensing**
PO Box 110806, Juneau, AK 99811
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Email: *License@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov*

# 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 generally considered public records, unless required to be kept confidential by state or federal law.

☐ ⇦ **Write the professional fitness question number you are answering "yes" to in the box.**

| | | | |
|---|---|---|---|
| **Location of Incident:** | | **Date of Incident:** | |
| **Explanation of Incident:**<br>When in doubt, disclose and explain.<br>*Make copies as necessary.* | | | |

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

☐ Court Orders ☐ Consent Agreements ☐ Disciplinary Actions ☐ Charging Documents

☐ Court Records ☐ Fitness to Practice ☐ All Other Documentation Related to This Incident

☐ 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:** | | **Program:** | |
| **Signature:** | | **Date Signed:** | |

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State of Alaska
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:** | | | |
| **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:** | 0 |

| | | | |
|---|---|---|---|
| **Name *(as shown on credit card)*:** | | | |
| **Mailing Address:** | | | |
| **Phone Number:** | | **Email *(Optional)*:** | |
| **Signature of Credit Card Holder:** | X | | |



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

| | | |
|---|---|---|
| **1. Credit Card Number:** | | **All 3 fields MUST be completed.** |
| **2. Expiration Date:** | | **This section will be destroyed after the payment is processed.** |
| **3. Security Code:** | | |