



THE STATE  
of **ALASKA**

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

**ZSU**

FOR DIVISION USE ONLY

**Real Estate Commission**

550 West 7<sup>th</sup> Avenue, Suite 1500, Anchorage, AK 99501

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

## Affidavit of Post Licensing Education

It is the responsibility of the licensee to complete this form, provide a copy of their Post Licensing Education (PLE) certificates along with a \$50.00 fee and submit to the Alaska Real Estate Commission by the PLE expiration date indicated on their license.

Your license will lapse unless you have met the continued competency requirements in 12 AAC 64.064, "Post-Licensing Education." If you fail to comply with the post-licensing requirements, you will be required to reinstate your license per AS 08.88.241(a).

### PART I Payment of Fees

Required Fees:

☐ Post-Licensing Certification and New License Document Fee

**\$ 50.00**

### PART II Personal Information

Full Legal Name:

License  
Number:

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  
☐ Send my Correspondence by Mail

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

☐ 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 Post-Licensing Education

☐ I understand I must attach acceptable proof of **thirty (30) hours** of post-licensing education.

### Signature

I certify the above information is true and correct to the best of my knowledge. I also understand if I falsify any information, I may forfeit the opportunity to be licensed in the State of Alaska.

Licensee 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
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
TOTAL:			

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

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

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