



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 7th Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8160

Email: RealEstateCommission@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/RealEstateCommission

Biennial Course Recertification

February 1, 2020 — January 31, 2022

- This form is to request recertification of a previously approved course. Use one form for each course title.
- Certification for real estate course approval in the State of Alaska expires on January 31, 2020.
- A course cannot be offered for education credit to licensees if the course has expired.
- The biennial renewal fee is \$30 per credit hour of instruction.

Credit Type:	<input type="checkbox"/> Salesperson Pre-Licensing (SPL)	<input type="checkbox"/> Broker Pre-Licensing (BPL)
	<input type="checkbox"/> Post-Licensing Education (PLE)	<input type="checkbox"/> Elective Continuing Education (ECE)
	<input type="checkbox"/> Designated Continuing Education (DCE)	

Required Fee:	Credit Hours Requested: _____	X	\$30.00	=	\$ _____
----------------------	-------------------------------	----------	----------------	----------	-----------------

- ☐ My course content has NOT changed since my last renewal.
- ☐ My course content HAS changed since my last renewal. I have attached documentation to justify the change.

Course Owner/Sponsor:	
Course Contact Person:	

Mailing Address: Address change: <input type="checkbox"/>	
Contact Phone:	

- ☐ I want to subscribe to the Alaska Real Estate Commission's ListServ to receive the latest e-news.

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:		<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail
-----------------------	--	--

Courses will be recertified for the subject areas from the prior approval unless otherwise indicated.

If new subject areas are added, please submit documentation to justify the changes.

Course Title:	
Course Number:	

Course topic numbers from page 3 of this form:	
--	--

Core Content Area:	<input type="checkbox"/> Real Estate Sales	<input type="checkbox"/> Property Management
	<input type="checkbox"/> Commercial Sales	<input type="checkbox"/> Community Association Management

Delivery Method:	<input type="checkbox"/> Classroom	<input type="checkbox"/> Correspondence
	<input type="checkbox"/> Video	<input type="checkbox"/> Internet
	<input type="checkbox"/> Teleconferencing	<input type="checkbox"/> Online/Internet

Teaching Aides:	<input type="checkbox"/> Audio/Visual	<input type="checkbox"/> PowerPoint
	<input type="checkbox"/> Overheads	<input type="checkbox"/> Lecture Only

Course Schedule:			
<input type="checkbox"/> Course offered by request only			
Date	Time	Instructor	Location

Signature of Applicant: _____	Date: _____
-------------------------------	-------------

- ✓ Remember to include an updated course outline and samples of any handouts and text materials, if applicable.
- ✓ Remember to include an updated certificate of completion, and attendance policy, attendance form, or evaluation form if applicable.

TOPIC #	SUBJECT AREA
01	Licensee Relationships
02	Closing Transactions
03	Common Interest Ownership and Resale Certificates Required Under AS 34.08.590
04	Communications, Negotiations, and Real Estate Counseling Skills
05	Repealed 6/28/1997
06	Contracts
07	Energy Conservation
08	Health, Safety, Environmental Issues and ADA Compliance
09	Fair Housing, Equal Opportunity Laws
10	Financing Real Estate
11	Foreclosure, Judgements and Bankruptcy
12	International Real Estate Transactions
13	Land Use, Planning, Zoning and Building Codes
14	Legal Descriptions
15	Listing Responsibilities
16	Marketing Property
17	New Construction
18	Prohibited Conduct
19	Property Disclosure and Inspections
20	Residential Property Management
21	Property Valuation
22	Real Estate Brokerage Management
23	Real Estate Investment Analysis
24	Real Estate Property Law
25	Real Estate License Law
26	Securities
27	Title Insurance and Lien Law
28	Trust Account Management
29	Trusts, Estates and Probate
30	Ethical Decision Making in Real Estate Transactions
31	Community Association Management
32	Community Association Documents
33	Risk Management
34	Alaska Landlord Tenant Law
35	Customer Client Services
36	Commercial Property Management
37	Tax Law and Exchanges
38	Broker Disclosure Responsibilities
39	Broker Supervision
40	Broker Trust Account Responsibilities
41	Organizing and Managing a Real Estate Office



THE STATE
of **ALASKA**

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

FOR DIVISION USE ONLY

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
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): **AMOUNT**

☐ Application Fee: _____

☐ License or Renewal Fee: _____

☐ 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)

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

1. Account Number: _____

2. Expiration Date: _____

3. Billing ZIP Code: _____

4. Security Code: _____

All four fields **MUST**
be completed!

This section will be
destroyed after the
payment is processed.