



THE STATE  
of

**ALASKA**

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

**Professional Licensing**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

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

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

## Request for License Verification

To request an official signed and sealed document verifying your Alaska license, certification, or registration to be sent to another state or agency, please complete this form and submit it with the required verification fee to the letterhead address. Use the attached credit card payment form or make checks payable to "State of Alaska." Requests are generally processed within 14 days of receipt.

### PART I Payment of Fees

<b>Required Fees:</b>	<input type="checkbox"/> License Verification Fee	<b>\$20.00 (Each)</b>
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### PART II License Information

<b>Full Name:</b>				
<b>Mailing Address:</b>	P.O. Box or Street	City	State	Zip
Address change:	<input type="checkbox"/>			
<b>Profession:</b>				
Please provide the information below for the license(s) you would like verified.				
License Number	License Type	Is the license current?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

### PART III Agency Information

Please provide the name and email or mailing address of the agency receiving the license verification. (\$20 per verification)	
Agency Name	Email or Mailing Address
1.	
2.	

### PART IV Signature

I certify that the information on this form is true and correct.			
<b>Licensee Signature:</b>		<b>Date Signed:</b>	



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FOR DIVISION USE ONLY

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## 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)

<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>