



THE STATE of ALASKA

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

ADM

FOR DIVISION USE ONLY

Professional Licensing

PO Box 110806, Juneau, AK 99811

Website: ProfessionalLicense.Alaska.Gov

CON:

HIN:

Request for Surety Bond Research

Disclaimer: While the Division of Corporations, Business and Professional Licensing strives to provide accurate information, the division does not make any claims or guarantees about the accuracy or completeness of received bond information.

PART I Payment of Fees

Required Fees: [] Bonding Research Fee \$30.00/Request \$_____

PART II Bond Research Information

Licensee/Registrant DBA Name:
AK License/Registration Number:

PART III Requestor Information

Company or Individual Name:
Contact Person:
Mailing Address: P.O. Box or Street City State Zip
Email: Phone:
Method to Receive Documents: [] Email [] Mail



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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: | | <p>All 3 fields MUST be completed.</p> <p>This section will be destroyed after the payment is processed.</p> |
| 2. Expiration Date: | | |
| 3. Security Code: | | |