

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: *MilitaryLicense@Alaska.Gov*

Website: ProfessionalLicense.Alaska.Gov/MilitaryLicensing

Affidavit for Permanent Professional License under SCRA

If you are applying for your permanent license under the federal Servicemembers Civil Relief Act (SCRA) licensure portability provisions, federal law requires your application include a notarized affidavit affirming the following under penalty of law.

| Applicant Name: | | | | |
|--|-----------------------------|--|--|------------------------|
| Alaska License Number (if known): | | | | Application in Process |
| I affirm I have read, understand and will comply with all requirements of the Alaska laws governing the practice of the license I'm applying for. | | | | |
| I affirm I am in good standing* in all U.S. jurisdictions in which I hold or have ever held a license. | | | | |
| "Under federal law, "good standing" means: (A) in good standing with the licensing authority that issued the license; (B) licensure has not been revoked or had discipline imposed by any U.S. jurisdiction; (C) licensure does not have an investigation relating to unprofessional conduct pending in an U.S. jurisdiction; and (D) licensure has not been voluntarily surrendered while under investigation for unprofessional conduct in any U.S. jurisdiction. Notarized Signature | | | | |
| 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. A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230). | | | | |
| Notary Stamp | Applicant Printed Name: | | | |
| | Applicant Signature: | | | |
| | Notary Public for State of: | | Subscribed and Sworn to Before me on this Day: | |
| i ! | Notary Signature: | | Commission | |