



THE STATE  
of **ALASKA**

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

**APR**

FOR DIVISION USE ONLY

**Real Estate Appraisers Program**

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 269-8160

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

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

**Appraisal Management Company Registration Renewal**

**July 1, 2023 – June 30, 2025**

- This renewal form is for your State of Alaska registration only. If your appraisal management company needs to complete an annual report for the federal registry, please complete the Appraisal Management Company Annual Federal Registration form (#08-4730) located at [www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/RealEstateAppraisers/Applications.aspx](http://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/RealEstateAppraisers/Applications.aspx)
- Your registration lapses after June 30, 2023. There is no grace period — it is illegal to work if your registration has lapsed.
- Emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your license certificate will be available for printing via the MY LICENSE self-service portal.

**PART I Payment of Fees**

<b>Renewal Fees:</b>	<input type="checkbox"/> Biennial Registration Renewal <i>(For registrations first issued on or before June 30, 2022)</i>	<b>\$700.00</b>
	<input type="checkbox"/> Prorated Registration Renewal <i>(For registrations first issued on or after July 1, 2022)</i>	<b>\$350.00</b>

**PART II Appraisal Management Company Information**

<b>DBA Name:</b>		<b>Alaska Appraisal Management Company Registration Number:</b>	
<b>Mailing Address:</b> Address change: <input type="checkbox"/>	P.O. Box or Street	City	State Zip
<b>Contact Phone:</b>			
<b>EMAIL AGREEMENT:</b> 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.			
<b>Email Address:</b>		<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>			

### PART III Agent Information

Is the company domiciled within the State of Alaska?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If "no," a company's agent who is located within the state must be listed below.</i>			
Name of Agent:		Contact Phone:	
<i>The "service of process" address must be a physical address and not a USPS P.O. Box or other private mailbox.</i>			
Service of Process Address:	Street	City	State Zip

### PART IV Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an **explanation and documentation**. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

#### When in doubt, disclose and explain.

#### ***Since the date your last Alaska registration was issued or renewed:***

1. Have you been convicted of a crime or are you currently charged with committing a crime, or is any such action pending? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including (but not limited to) a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.  Yes  
 No
2. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?  Yes  
 No
3. Are you the subject of an unresolved complaint or disciplinary action before an authority regulating real estate appraisers or a professional real estate appraisers association?  Yes  
 No
4. Have you committed, or had a lawsuit filed against you, while acting as a real estate appraiser, an act or omission involving dishonesty, fraud, or misrepresentation?  Yes  
 No

"Yes" Answers

**If you answered "yes" to any of the above questions, you must submit signed and dated documentation explaining the specific circumstance(s) of the incident(s).**

## PART V Bonding

A surety bond in the amount of \$50,000 is required in accordance with AS 08.87.135(a)(8) and 12 AAC 70.160(a)(3). If you have been issued a new bond at any time during the licensing period and did not submit it to the Division, submit the new original signed bond and power of attorney with this renewal.

<b>Bond Provider:</b>			
<b>Bond Number:</b>		<b>Bond Effective Date:</b>	

## PART VI Business Ownership

Is this a change to an individual Owner or Controlling Person?  Yes  No

*If "yes" to a new controlling person, provide the license information below. Please attach additional pages if necessary.*

**State:**

**License Number:**

**Expiration Date:**

Check the applicable box and provide the complete name(s) of the owner(s) including all partners, corporate officers, or managing members, whichever is appropriate; and provide U.S. Social Security Numbers and birthdates for sole proprietor or partners. *Attach additional pages as necessary.*

Sole Proprietorship  Partnership (LLP, LP)  Corporation  LLC  Other: \_\_\_\_\_

**Alaska Entity Number:**  
(If Applicable)

**Full Name**

**Address**

**Social Security Number\***

**Date of Birth\***

Full Name	Address	Social Security Number*	Date of Birth*

*\*Sole proprietorship and partners only. AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.*



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**Signature Page**

<b>Applicant Name:</b>	
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**PART VII Agreement**

By my signature below, I attest to the following (refer to AS 08.87.135):

That the appraisal management company (AMC) complies with all lawful directions and requests for information from the regulatory or licensing authority of the jurisdiction(s) in which the AMC is licensed.

That the controlling person and the owners designated on this application have never had a certificate to act as a real estate appraiser denied, cancelled, suspended, revoked, put on probation, or surrendered in lieu of a pending revocation in any state unless the person has later had a certificate to act as a real estate appraiser granted or reinstated by the same state.

That the AMC requires a real estate appraiser to comply with the Uniform Standards of Professional Appraisal Practice adopted by the Appraisal Standards Board of the Appraisal Foundation when completing appraisals at the company's request.

That the AMC has a process to verify that a person who is assigned to serve on an appraiser panel of the company is certified in, and is in compliance with, Alaska statutes and regulations regarding certified professional real estate appraisers. And that the same person is qualified to conduct federally related transactions under federal law.

That the AMC conducts appraisals independently and free from inappropriate influence and coercion as required under 12 U.S.C. 3353.

That this application, if the AMC is not domiciled in Alaska, serves as written consent to service of process on a resident of this state for any court action arising from an activity regulated under AS 08.87 or 12 U.S.C. 3331-3355 and have provided the name and contact information for the company's agent on this form.

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that 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, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

<b>Applicant Signature:</b>		<b>Date Signed:</b>	
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## Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “Yes” answers. A “Yes” answer is not necessarily disqualifying but concealing one may be.

Each “Yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “Yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include but not be limited to: suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “Yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “Yes” to in the box.

<b>Location of Incident:</b>		<b>Date of Incident:</b>	
<b>Explanation of Incident:</b>			
<b>When in doubt, disclose and explain.</b> <b>Make copies as necessary.</b>			

**Did you attach all applicable documents associated with this incident?**

- Court orders     
  Consent agreements     
  Disciplinary actions     
  Charging documents  
 Court records     
  Fitness to practice     
  All other documentation related to this incident  
 I have additional incidents for this “Yes” answer, or “Yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

<b>Full Name:</b>		<b>PL Code:</b>	
<b>Signature:</b>		<b>Date:</b>	

**You must submit one form for each “Yes” answer. Make copies of this form as necessary.**



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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: \_\_\_\_\_

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**

Application Fee: \_\_\_\_\_

License or Renewal Fee: \_\_\_\_\_

Other (fine, 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 12/06/2022

Credit Card Payment Form (all major cards accepted)

<b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>	
1. Credit Card Number: _____	All 3 fields <b>MUST</b> be completed!  This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Security Code: _____	