



THE STATE of ALASKA

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

TBR

FOR DIVISION USE ONLY

Business Licensing

PO Box 110806, Juneau, AK 99811

Website: BusinessLicense.Alaska.Gov

CANCEL Telemedicine Business Registration

for an Existing Alaska Business License (AS 43.70.075)

This form must be completed by the business that currently holds the Telemedicine Business Registration. By submitting this form, the telemedicine registration will be terminated on your Alaska Business License. If telemedicine services are resumed, a new application for Telemedicine Business Registration must be submitted before services are provided to a recipient located in Alaska.

Online filing is not available for this form. Submit this form by U.S. mail (do not e-mail).

Processing time: Standard processing time from March-September is up to 15 business days. During renewal seasons, October-February, processing time may be delayed. Filings are reviewed in date order received. We do not offer expediting services.

PART I Business Information

Form with fields for Business Name and Business License Number.

PART II Agreement

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.

Form with fields for Applicant Signature, Date, Applicant Printed Name, Title, Email, and Phone.

\*The request to remove a telemedicine registration may be signed by an owner or a representative (such as an attorney, CPA, or employee) that has been authorized by the owner of the business.