



THE STATE
of **ALASKA**

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

CORP

FOR DIVISION USE ONLY

Corporations Section

PO Box 110806, Juneau, AK 99811

Website: Corporations.Alaska.Gov

NEW Application Only

Foreign Corporation Name Registration

AS 10.06.125 - .145 and AS 10.06.105(c)

- A foreign (non-Alaskan) corporation may register its foreign corporate name if the name is available in the State of Alaska. (AS 10.06.125).
- A foreign corporation name registration cannot contain a corporate indicator, such as but not limited to: corporation, INC, company, limited, or an abbreviation of a corporate indicator (AS 10.06.105(c)).
- A foreign corporation name registration must be distinguishable, per 3 AAC 16.120, from other names on record (AS 10.06.105(d)).
- A foreign corporation name registration expires at the end of the calendar year (AS 10.06.145).
- A foreign corporation name registration is only for the exclusive right to the name and does not register a foreign entity nor give a foreign entity the authority to transact business in Alaska.
 - To register a foreign entity with this division, go to www.Corporations.Alaska.Gov.
 - To obtain an Alaska Business License, go to www.BusinessLicense.Alaska.Gov.

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Filing Fee (Non-Refundable)	\$25.00
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PART II Registration Information

Name of Foreign (non-Alaskan) Registration:	
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PART III Home State or Territory

Foreign (non-Alaskan) Home State or Territory of Domicile:		Date of Incorporation in Home State:	
<input type="checkbox"/> I understand a Certificate of Good Standing from the home state or territory of domicile must be attached. The certificate must have been issued within the last 60 days.			

PART IV Address

Principal Office Physical Address:	Street	City	State	Zip
Principal Office Mailing Address:	P.O. Box or Street	City	State	Zip

PART V Nature of the Business

Nature of the Business:	
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PART VI Signature

I understand the above information is true and correct. I further understand it is a Class A misdemeanor under Alaska Statute 10.55.609 to falsify an application and commit the crime of unsworn falsification.

Printed Name:		Title:	
Signature*:		Date Signed:	

**The signer must be an officer of the corporation and acknowledge the business is in operation.*



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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:		