



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](http://Corporations.Alaska.Gov)

**Copy Request Form – Corporations Only**

Submit this form for the Corporations Section to certify or apostille corporation documents on record at: [www.Corporations.Alaska.Gov](http://www.Corporations.Alaska.Gov), click *Search Corporations Database*. You can also use this form to request copies of historical documents (older than 2004) that are not available online and may be stored on microfilm.

Mail this form and the non-refundable fees to the letterhead address. Make the check or money order payable to the State of Alaska or use the attached credit card payment form. Standard processing time for copy requests may be up to 10-15 business days and are completed in date-order received.

**NOTE:** If you are seeking certificates of authentication or apostilles for all other documents (i.e. vital records), these may be obtained through the Lieutenant Governor’s Office at: [www.LtGov.Alaska.Gov](http://www.LtGov.Alaska.Gov), click *Authentications*.

**PART I Requestor Information**

<b>Company or Individual Name:</b>			
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Contact Person:</b>		<b>Phone Number:</b>	
<b>Email Address:</b>		<b>Return Documents by:</b>	<input type="checkbox"/> Email <input type="checkbox"/> US Mail

**PART II Copy Request**

<b>Entity Name:</b>		<b>Alaska Entity Number:</b>	
<input type="checkbox"/> Entity’s Certificate of Good Standing (Certificate of Good Standing, Certificate of Compliance and a Good Standing Certificate for an entity all have the same meaning.)	\$10.00 each - nonrefundable	Quantity ___ x \$10.00 = \$ ___	
<input type="checkbox"/> Copy of Entity’s Documents (i.e. Articles, Amendments, Mergers, Biennial Report, etc.)	\$10.00 each - nonrefundable	Quantity ___ x \$10.00 = \$ ___	
<b>Type of document(s) requested:</b>			
<input type="checkbox"/> Copy of Entire Entity’s File	\$30.00 each, up to 50 pages (\$1.00 for each additional page above 50)	Quantity ___ x \$30.00 = \$ ___	
<input type="checkbox"/> Entity’s Certified Document Fee (Select to certify entity documents)	\$5.00 each - nonrefundable	Quantity ___ x \$5.00 = \$ ___	
<input type="checkbox"/> Entity Apostille Fee (Select to apostille entity documents. You must provide the country below.)	\$25.00 each - nonrefundable	Quantity ___ x \$25.00 = \$ ___	
<b>Country this apostille is for:</b>		<b>Total Fees:</b>	



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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.

<b>Name of Applicant or Licensee:</b>			
<b>Profession Type (e.g., Acupuncture):</b>		<b>License Number (if applicable):</b>	
<b>I wish to make payment by credit card for the following (check all that apply):</b>			<b>AMOUNT</b>
<input type="checkbox"/>	<b>Application Fee:</b>		
<input type="checkbox"/>	<b>License or Renewal Fee:</b>		
<input type="checkbox"/>	<b>Other (fine, exam, etc.):</b>		
1.			
2.			
			<b>TOTAL:</b>

<b>Name (as shown on credit card):</b>			
<b>Mailing Address:</b>			
<b>Phone Number:</b>		<b>Email (Optional):</b>	
<b>Signature of Credit Card Holder:</b>			

**CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.**

<b>1. Credit Card Number:</b>		<b>All 3 fields MUST be completed.</b>  This section will be destroyed after the payment is processed.
<b>2. Expiration Date:</b>		
<b>3. Security Code:</b>		