



THE STATE
of **ALASKA**

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

ZSU

FOR DIVISION USE ONLY
ZSU: \$50.00

Real Estate Commission

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8160

Email: RealEstateCommission@Alaska.Gov

Website: *ProfessionalLicense.Alaska.Gov/RealEstateCommission*

Affidavit of Post Licensing Education

It is the responsibility of the licensee to complete this form, provide a copy of their Post Licensing Education (PLE) certificates along with a \$50.00 fee and submit to the Alaska Real Estate Commission by the PLE expiration date indicated on their license.

THE COURSE PROVIDER OR INSTRUCTOR DOES NOT SUBMIT THIS FORM OR PLE CERTIFICATES ON THE LICENSEE'S BEHALF.

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Post-Licensing Certification and New License Document Fee	\$ 50.00
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PART II Licensee Information

License Number:				
Full Legal Name:				
Provide all other names used (maiden, nicknames, aliases). Attach documentation of all legal name changes.				
<input type="checkbox"/> Not Applicable				
<input type="checkbox"/> Other Names Used: _____				
Mailing Address:	P.O. Box or Street	City	State	Zip
Birth Date: (mm/dd/yyyy)		Contact Phone:		
EMAIL AGREEMENT: 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.				
Email Address:			<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail	

PART III Post-Licensing Education

Your license will lapse unless you have met the continued competency requirements in 12 AAC 64.064, "Post-Licensing Education." If you fail to comply with the post-licensing requirements, your license will lapse, and you will be required to reinstate your license per 08.88.241(a). You must attach copies of certificates verifying completion of at least thirty (30) contact hours of post-licensing education.

You must submit a \$50.00 post-licensing certification and new license document fee pursuant to 12 AAC 02.360.

I have attached acceptable proof of thirty (30) hours of post-licensing education.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have included the \$50.00 fee pursuant to AS 08.08.095 and 12 AAC 02.360.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

WARNING: Alaska Statute 11.56.210 states that any person who knowingly furnishes false or fraudulent information in this application is subject to imprisonment for not more than one year, a fine of not more than \$5,000, or both. Per 12 AAC 64.160, making false or fraudulent representation or material misstatement on an application for license, renewal or examination is grounds for revocation, suspension or denial of a license.

PART IV Agreement

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.

Applicant's Printed Name:			
Applicant's Signature:		Date:	



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State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
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: _____

Program Type: _____ 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 (name change, wall certificate, fine, duplicate license, 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 12/26/18

Credit Card Payment Form (all major cards accepted)

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

<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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