STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
333 Willoughby Avenue, 9th Floor
P.O. Box 110805, Juneau, Alaska 99811-0805
(907) 465-2515 – FAX (907) 465-2816

Apply electronically through www.nipr.com under electronic licensing, select initial license and begin the reinstatement process. If filing electronically, the renewal fees and delayed renewal penalty fee are automatically collected. If filing a paper reinstatement in addition to fees indicated, include **an additional $50 processing fee.** You will also need to submit:

- THE RENEWAL FORM AND FEE WITH ALL NECESSARY REQUIREMENTS; SEE RENEWAL; AND
- THE DELAYED RENEWAL FEE: Established in Alaska Regulation 3 AAC 31.060(a)(8). A lapsed license may be reinstated by continuing to qualify for the license and by payment of renewal license fees and a delayed renewal penalty, AS 21.27.380(b). The delayed renewal fees are:
  a. 1 to 60 days after the license lapses, $100; or
  b. over 61 days after the license lapses, $200 (3 AAC 31.060(a)(8)).
- NOTARIZED STATEMENT which indicates that Alaska insurance business has not been transacted from the date of the license lapsed to the present date; if business has been transacted, you must complete all information requested below:

Attestation of Alaska Insurance Transactions

❑ I certify, under penalty of perjury, that from _____ to _____, I have not transacted the business of insurance relative to an Alaska
(Date of License Expiration) *(Present Date)*

risk under the authority granted me by Alaska License Number _____. It is understood that business cannot be transacted until such time as the license has been reinstated.

❑ I certify, under penalty of perjury, that the following is a complete and accurate list of all Alaska insurance transactions that took place after _____ and
(Date of License Expiration)

prior to the reinstatement of my/the firm's lapsed Alaska License Number _____. If necessary, attach a separate page. **Any attachment must be notarized.**

No.	Date of Transaction	Date Policy Issued	Policy No.	Alaska Insured Name and Address	Insurer Name and Address	Premium Amount (in dollars)	Commission* or Salary (in dollars) (circle one)	Fee for Service/Broker Fee
1.								
2.								
3.								
					Total:			

* If the commission was paid to the firm and you did not receive any commission pertaining to these policies and are not licensed as the compliance officer of the firm, identify your monthly salary. Monthly Salary: _____

Dated at _____, this _____ day of _____, _____.

_____ _____
Signature of Licensee/Compliance Officer Typed or Printed Name

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ at _____.
City/Town State

Notary Signature: _____ My Commission Expires: _____ (NOTARY SEAL)

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NEVER HELD AN ALASKA LICENSE

❑ I certify, under penalty of perjury, that I have not transacted the business of insurance relative to an Alaska risk. It is understood that business cannot be transacted until such times as I am licensed.

❑ I certify, under penalty of perjury, that the following is a complete and accurate list of Alaska insurance transactions that took place prior to the issuance of an Alaska insurance license. If necessary, attach a separate page. Any attachment must be notarized.

No.	Date of Transaction	Date Policy Issued	Policy No.	Alaska Insured Name and Address	Insurer Name and Address	Premium Amount (in dollars)	Commission* or Salary (in dollars) (circle one)	Fee for Service/Broker Fee	Salary
1.									
2.									
3.									
					Total:				

* If the commission was paid to the firm and you did not receive any commission pertaining to these policies and are not licensed as the compliance officer of the firm, identify your monthly salary.

Dated at _____, this _____ day of _____, _____.

_____ Signature of Licensee/Compliance Officer

_____ Typed or Printed Name

_____ (Monthly Salary)

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ at _____.
City/Town State

Notary Signature: _____ My Commission Expires: _____

(NOTARY SEAL)