



**IT IS TIME TO RENEW YOUR HAIRDRESSER LICENSE  
(CONTINUED FROM PAGE ONE)**

**PAYMENT OF CHILD SUPPORT  
AND STUDENT LOANS**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Enforcement at (907) 269-6657 if your last name begins with A through M; contact (907) 269-6845 if your last name begins with N through Z, or 1-800-478-3300. Contact the Post-Secondary Education office at 1-888-441-2961 to resolve payment issues.

**PUBLIC INFORMATION**

Please be aware that all information on this renewal form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at: [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ) under "Professional License Search."

**BUSINESS LICENSES**

Renewal applications for business licenses will be mailed separately. For more information about business licenses, call (907) 465-2550, or use Internet address: [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ) (click on Business Licensing).

**CHANGE OF NAME**

Please complete this form showing your present and former name. This form must be NOTARIZED and submitted to this office **with a copy of the court order or marriage certificate for the correction of your record.**

I, \_\_\_\_\_, am renewing \_\_\_\_\_  
Previous Name Occupation

Alaska License No. \_\_\_\_\_

\_\_\_\_\_  
Mailing Address City State Zip Code

I hereby certify that I changed my name to \_\_\_\_\_  
New Name

effective \_\_\_\_\_ and that I have attached a copy of the legal documentation showing the name change.

SIGN HERE 

\_\_\_\_\_  
Signature/New Name

SUBSCRIBED AND SWORN TO (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY 

\_\_\_\_\_  
Signature of Notary Public

NOTARY SEAL

\_\_\_\_\_  
City and State

\_\_\_\_\_  
My Commission Expires

**NOTIFICATION OF PROPOSED REGULATIONS CHANGES**

If you would like to receive notice of all proposed Board of Barbers and Hairdressers regulation changes, please send a written request adding your name to the Board of Barbers and Hairdressers Interested Parties List to:

**REGULATIONS SPECIALIST**  
**Department of Commerce, Community, and Economic Development**  
**Division of Corporations, Business and Professional Licensing**  
**P.O. Box 110806**  
**Juneau, Alaska 99811-0806**



State of Alaska  
 Department of Commerce, Community, and Economic Development  
 Division of Corporations, Business and Professional Licensing  
 PO Box 110806, Juneau, Alaska 99811-0806  
 Phone: (907) 465-2550  
 Fax: (907) 465-2974

OFFICE USE ONLY

**CREDIT CARD PAYMENT**

For security purposes, please **do not email** credit card information. Fax or mail this form to the Division. Completion of this form is not proof of payment until the division processes the information contained herein. If any information on this form is illegible, the form will be rejected. Please print.

Name of Applicant or Licensee: \_\_\_\_\_  
*Corporate or Individual (first, middle, last)*

License Number (if applicable): \_\_\_\_\_

Type of License: \_\_\_\_\_

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"/> Fine                     | _____  |
| <input type="checkbox"/> Other (specify): _____   | _____  |

**Total:** \_\_\_\_\_

Print Name on Credit Card: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Signature of Credit Card Holder:** \_\_\_\_\_

Credit Card Type (check one):       VISA                       MASTERCARD

**Card Number:** \_\_\_\_\_

**Please provide the 3-digit security code number from the back of the card:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_