



State of Alaska
 Department of Commerce, Community and Economic Development
 Division of Corporations, Business and Professional Licensing
 P.O. Box 110806
 Juneau, Alaska 99811-0806
 Telephone: (907) 465-2550 ★ Fax: (907) 465-2974
 E-mail Address: license@alaska.gov
 Website: www.commerce.state.ak.us/occ

REQUEST FOR EXCEPTION FROM SOCIAL SECURITY NUMBER REQUIREMENT

Alaska Statutes (AS) 08.01.060(b) and AS 08.01.100(e) require an applicant for an occupational license to provide a United States Social Security Number. However, the Alaska Division of Corporations, Business and Professional Licensing may, under certain circumstances, issue a license to an applicant who does not have a Social Security Number. To apply for exception from the social security number requirement, complete this form and mail it to the division at the address above.

1. Do you now hold a United States Social Security Number? Yes No

If you answered "Yes" to question #1, you must provide the Social Security Number to the division before you will be licensed.

2. Have you ever held a United States Social Security Number? Yes No

If you answered "Yes" to question #2, submit an explanation of the status of that Social Security Number (i.e., what occurred that removed the SSN from the Social Security Administrator's records and/or from being a number assigned to you?).

Explanation: _____

3. What type of license are you applying for in Alaska? _____

I hereby certify under penalty of perjury (AS 11.56.200) that the information supplied on this form is true and correct and I confirm that I do not have a United States Social Security Number assigned to me. I acknowledge that if I am granted a license based on this waiver, I will be required to again confirm my Social Security Number status at each renewal. (I also acknowledge it will be my responsibility to request the waiver form at each renewal.)

 Printed Name of Applicant

Address: _____

 Signature of Applicant

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____.

 Notary Public for the State of _____

My Commission Expires: _____