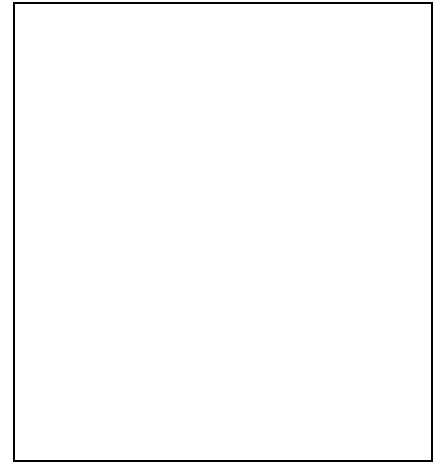




Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Board of Barbers and Hairdressers
P.O. Box 110806, Juneau, Alaska 99811-0806
Phone: (907) 465-2547 * E-mail: license@alaska.gov
Website: www.commerce.state.ak.us/occ/pbah.htm



MANICURIST LICENSE RENEWAL
September 1, 2011 – August 31, 2013

IT IS TIME TO RENEW YOUR MANICURIST LICENSE

Your license to practice as a manicurist in the State of Alaska expires on August 31, 2011. It is illegal for you to practice if your license has expired. There is no grace period. To renew your license for the period from September 1, 2011, through August 31, 2013, return this signed application to the above address with a check or money order payable to the State of Alaska (or use the attached credit card form). This is the only renewal notice you will receive. Incomplete applications or insufficient fees will result in your renewal being rejected.

RENEWAL DUE DATE - The processing time for correct and complete renewal applications is three to four weeks after receipt. Plan accordingly and submit your form by July 31, 2011 to ensure processing by the lapse date of August 31, 2011.

MAILED RENEWAL FORMS - If you received this renewal application in the mail with a barcode in the upper right hand corner of the first page, do not duplicate this form for another professional's use. The barcode is specific to your name and license number. Forms without the barcode are available on our website at http://commerce.alaska.gov/occ/pbah.htm

NAME CHANGE - If you have had a legal name change since your last license was issued, complete the Change of Name form on the reverse side and attach a copy of the legal document (marriage certificate, divorce decree, etc.) as proof of the change.

EXPIRED LICENSES - If you choose not to renew your license before it expires, you may reinstate the license within three years after the expiration date. Licenses which have expired more than three years cannot be reinstated. See 12 AAC 09.930. You may not practice on an expired license.

SOCIAL SECURITY NUMBER - Under AS 08.01.100(e) a license may not be renewed if the licensee's United State Social Security Number is not on file. If you do not have a social security number, you must complete the form "Request for Exception from Social Security Number Requirement" located on the division's website at: www.commerce.state.ak.us/occ or contact the division office for the form.

(CONTINUED ON REVERSE SIDE)

\$160.00 – Manicurist License
(Make check or money order payable to the State of Alaska.)

Name: Last First Middle

Corrected Mailing Address (complete only if your address is different than the address label shown above or if there is no label):

Daytime Telephone Number: License Number:

Social Security Number: Date of Birth:

I certify that the information in this application is true and correct.

SIGN HERE with arrow pointing right

Applicant's Signature

Date:

WARNING: The Board of Barbers and Hairdressers may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to operate a shop by fraud or deceit. The person may also be subject to criminal charges for perjury or unsworn falsification. (AS 11.56.210 and AS 11.56.230)

**IT IS TIME TO RENEW YOUR MANICURIST 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 Services at (907) 269-6900 or the Post-Secondary Education office at (907) 465-2962 or 1-800-441-2962 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 under "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 (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 or fax** credit card information. Mail this form with the completed renewal 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: _____

Email Address (optional): _____

Credit Card Type (check one): VISA MASTERCARD

Signature of Credit Card Holder: _____

Card Number: _____ **Expiration Date:** _____

The bottom section of this form will be destroyed upon processing of the payment.