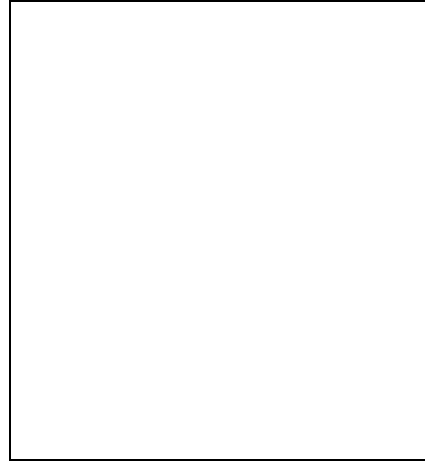




Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Board of Barbers and Hairdressers
P.O. Box 110806, Juneau, Alaska 99811-0806
Phone: (907) 465-2547 * E-mail: license@alaska.gov
Website: www.commerce.state.ak.us/occ/pbah.htm

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



IT IS TIME TO RENEW YOUR SCHOOL LICENSE

Your license as a school in the State of Alaska expires on August 31, 2011. It is illegal for you to operate as a school 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

School License \$640.00 (Make check or money order payable to the State of Alaska.)
CHECK APPROPRIATE BOX: Type of Business: Sole Proprietor [] Partnership [] Corporation []

Name: Last First Middle License No.:

Social Security No.: Date of Birth: Daytime Telephone No.:

Name of School:

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

Physical Location of School: Street Address City

Name of Partner(s) or Corporate Officer(s), if applicable:

Partner(s) Social Security No.: Partner(s) Date of Birth:

An applicant for renewal of a school license must certify on the renewal form that the applicant continues to be authorized to operate a postsecondary education institution as described in AS 14.48.070 OR that the applicant is exempt under AS 14.48.030 from the requirements for an authorization under AS 14.48.070.

By my signature below, I certify that the school referenced on this renewal form continues to be in compliance with the requirements set by the Alaska Commission on Postsecondary Education. I further attest that all information provided on this application is true and correct.

SIGN HERE [arrow]

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 SCHOOL LICENSE
(CONTINUED FROM PAGE ONE)**

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 AS 08.13.140. 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 States 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.

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 the Internet: www.commerce.state.ak.us/occ (click on Business Licensing).

Please list names and license numbers of instructors in your school at this time:

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.