



**State of Alaska**  
**Division of Corporations, Business and Professional Licensing**  
**CORPORATIONS SECTION**  
 PO Box 110806  
 Juneau, AK 99811-0806  
 Phone: (907) 465-2550  
 Fax: (907) 465-2974  
 Website: [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ)

DO NOT STAMP ABOVE THIS BOX

**CORP**

**COPY REQUEST FORM**

(OFFICE USE ONLY)

Name of company or individual requesting information:

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Mailing address to send completed request:

Address or PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**COPY REQUEST:**

Name of Company / Entity:	
Alaska Entity Number:	
Certificate of Good Standing / \$10.00 each (Certificate of Good Standing, Certificate of Compliance and a Good Standing Certificate have the same meaning)	Quantity _____ x \$10 = \$ _____
Copy of Documents / \$10.00 each (Articles, Amendments, Mergers, and Biennial Report) Indicate type of documents requested:	Quantity _____ x \$10 = \$ _____
Copy of Entire File / \$30.00 each	Quantity _____ x \$30 = \$ _____
Certified Document Fee / \$5.00 each (For Certified documents add the Certified Fee to your request)	Quantity _____ x \$5 = \$ _____
Apostille Fee / \$25.00 each (For Apostilled documents add the Apostille Fee to your request) You must list the country this Apostille is for:	Quantity _____ x \$25 = \$ _____
<b>Total Fees: \$ _____</b>	

Submit your request and fees to the address listed above. Make check or money order payable to the State of Alaska, or complete the attached credit card payment form.

**For Free Copies**

In many cases you may obtain copies of filed documents from our website at no charge. You can search the corporation's database by entity name, entity number, officer name, or registered agent.

[www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ)



State of Alaska  
 Department of Commerce, Community, and Economic Development  
 Division of Corporations, Business and Professional Licensing  
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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):

- |                                                   |                     |
|---------------------------------------------------|---------------------|
| <input type="checkbox"/> Application fee          | Amount              |
| <input type="checkbox"/> License (or renewal) fee | _____               |
| <input type="checkbox"/> Fine                     | _____               |
| <input type="checkbox"/> Other (specify): _____   | _____               |
|                                                   | <b>Total:</b> _____ |

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.*