

FOR DIVISION USE ONLY

Construction Contractors Program

PO Box 110806, Juneau, AK 99811-0806 (907) 465-2550

Email: ConstructionContractors@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/ConstructionContractors

Request for Exemption from Construction Contractors Regulation

The completion and certification of this form is required by AS 08.18.161(10,11) in order to be exempt from being licensure.

The following may qualify an owner for exemption:

An owner or tenant of commercial property who uses the owner's or tenant's own employees to do maintenance, repair, and alteration work on that property.

-OR-

An owner who acts as their own contractor and in doing so performs the work independently or hires workers or subcontractors, purchases materials and sees to the paying for all labor, subcontractors, and materials; the owner shall be limited to construction of one home, duplex, triplex, four-plex, or commercial building every two years. In addition, an owner who advertises the structure under construction for sale or sells the structure within two years after the period of construction begins shall file this notice indicating that the owner is not engaged in a business for which the owner is required to register as a contractor under AS 08.18.

Construction is considered to have begun on the date that is the earlier of when the owner

- (A) begins the actual construction work; or
- **(B)** enters into an agreement with another person for the other person to provide labor, to act as a subcontractor, or to provide materials for the construction.

PART I	Owner			
Legal Name of	Property Owner:	First	Middle	Last
Full Mailing Address: mm/dd/yyyy			уу	
Contact Phone Number:				
EMAIL AGREEMENT : By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.				
Email Address:				

CONTINUED ON FOLLOWING PAGE

PART II Property Req	uesting Exempt	ion					
Full Physical Address:	Street/PO Box	City	/	State	Zip		
Date of construction <u>start</u> :			mm/do	yyyy\ti			
Date of anticipated <u>completion</u> :	Date of anticipated <u>completion</u> :						
Is the property currently listed for	sale? YES	□ NO	If <u>YES</u> , what da	te was it listed?	mm/dd/yyyy		
PART III Exemptions							
I certify that I am exempt from the statute AS 08.18.161 (10,11) governing licensed contractors with the State of Alaska by meeting one of the following requirements:							
I am working on (select one):							
an existing structure o	n my own property (d	oes not have	to be occupied).				
my existing residence							
a commercial property for which I am the owner or tenant and am using my own employees to perform maintenance, repair, and alteration work upon this property.							
-OR- I certify that I am the property owner or tenant acting as my own contractor and not engaged in a business which I am required to register as a contractor with the State of Alaska by meeting/following requirements.							
I am (check all that apply):							
performing the work in	ndependently;						
have hired workers;							
have hired subcontractors on an hourly basis.							
-AND-							
I am seeing to the paying for a	Il labor, subcontractor	r and materi	als.				
In addition, construction is limited to one of the following (select one):							
home.							
duplex, triplex or four-plex.							
commercial building.							

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Notary	Sign	ature	Page
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PART IV Notarized Signature

I hereby certify that I am the person herein named and subscribing to this application; and that I have read the complete application and know the full content thereof. I attest that all the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	Applicant's Printed Name:		
	Applicant's Signature:		
	Notary Public for State of:	Subscribed and Sworn to Before me on this Day:	
ii	Notary's Signature:	My Commission Expires:	