



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

CON

FOR DIVISION USE ONLY

Construction Contractors Program

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2050

Email: ConstructionContractors@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/ConstructionContractors

Mechanical Contractor License Renewal

January 1, 2022 – December 31, 2023

- Your mechanical contractor license lapses after December 31, 2021. There is no grace period — it is illegal to work if your license has lapsed.
- Faxed or emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska, or use the attached credit card payment form.
- Plan on a 4-6 week processing time for correct and complete renewal applications.

PART I Payment of Fees

Required Fees:	<input type="checkbox"/>	Biennial License Renewal <i>(For licenses first issued on or before December 31, 2020)</i>	\$250.00
	<input type="checkbox"/>	Prorated License Renewal <i>(For registrations first issued on or after January 1, 2021)</i>	\$125.00

PART II Registration Information

Alaska Mechanical Contractor License Number:			
Full DBA Name:			
Mailing Address: Address change: <input type="checkbox"/>			
Contact Phone:			
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:		<input type="checkbox"/>	Send my Correspondence by Email
		<input type="checkbox"/>	Send my Correspondence by US Mail

PART III Business Ownership

If there has been a change in ownership type or business name since your last renewal, you may not renew that license; you must apply for a new license by submitting an initial application. Changing, adding or removing officers of a corporation, or members or managers of an LLC, or partners in a limited partnership (LP) or limited liability partnership (LLP), does not require a change to your current license.

Check the applicable box and provide the complete name(s) of the owner(s) including all partners, corporate officers, or managing members, whichever is appropriate; and provide U.S. Social Security Numbers for sole proprietor or partners.

*AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.

Attach additional pages as necessary.

Sole Proprietorship
 Partnership
 Corporation
 LLC
 LP
 LLP

Full Name	Address	Date of Birth	*Social Security Number

Alaska Entity Number:
 (For Corporations, LLCs, LPs, or LLPs only)

PART IV Mechanical Administrator Assigned *(At least one is required)*

All businesses performing mechanical contracting work as defined under AS 08.18.171(12) must list the mechanical administrator supervising that work below (make copies as necessary).

If there has been a change in the mechanical administrator assigned to this license since your last renewal, you must attach a completed Change of Employer/Affiliation Form (#08-4102) and submit the \$5 change fee.

1. Mechanical Administrator Name:		License Number:	
2. Mechanical Administrator Name:		License Number:	

PART V Proof of Bonding & Insurance

You must submit proof of current bonding and insurance. To meet this requirement, complete the information below **AND mail in or email documentation (newly dated ACORD 25 and/or a newly dated bond continuation/verification or bank statement) within 30 days of submitting this application.** You may also meet this requirement by submitting the documentation along with your mailed hard copy renewal. Applications will be verified for compliance; failure to submit accurate proof of bonding and insurance for the current licensing period **will result in disciplinary action, which may include a stop work order.**

Bonding:

Surety Bond

The bonding information you submit must be consistent with the information that is currently on file with the Division. Contact your bonding company for a continuation certificate stating that the bond is still in full force and in effect. If you have been issued a new bond at any time during the licensing period and did not submit it to the Division, submit the new original signed bond and power of attorney with this renewal application.

Provide the following information in the fields below in addition to submitting the continuation certificate:

Bond Provider:	
Bond Number:	
Bond Effective Date:	

Time Certificate of Deposit (TCD)

A TCD statement, or letter of verification, from your bank dated within the last 30 days.

State Trust Account

No information required if you have a State Trust Account on file with the Division.

General Liability Insurance:

General Liability Insurance

You must submit a new certificate of liability insurance (ACORD 25) or other acceptable proof of insurance listing the insured exactly as licensed. Complete all fields below:

Insurance Provider:	
Policy Number:	
Policy Effective Date:	
Policy Expiration Date:	

PART VI Workers' Compensation

Doing Business As (DBA):	
Construction Contractor License Number:	

If your business uses employee labor, or if your business is a corporation or LLC, you must provide proof of workers compensation insurance by a certificate of insurance issued by a carrier authorized by the Alaska Division of Insurance to transact business in Alaska. This certificate must include the following six items: 1) name of the insured exactly as licensed, 2) the DBA, 3) name of the insurance provider, 4) policy number, 5) commencement date and 6) expiration date.

A policy with "AOS" or "All Other States" endorsement will only be accepted if the certificate specifically states, "covers activities in Alaska."

Are you a sole proprietor or partnership with employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Limited Liability Company (LLC) or Corporation with employees? Please note: There are no exemptions for family, friends, or non-residents, or for part-time or temporary jobs. Do not classify workers as "independent contractors" without calling the Alaska Workers' Compensation Division Special Investigations Unit at (907) 269-4002.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If **YES** to either of the above questions, please check the appropriate box below:

Sole Proprietorship

- I am a sole proprietor and have workers compensation insurance coverage for all my employees, excluding myself as the owner, and *I have attached the necessary certificate to this application.*
- I am a sole proprietor and have workers compensation insurance coverage for all my employees including myself, and *I have attached the necessary certificate to this application.*

Partnership

- We are a partnership and have workers compensation insurance coverage for all employees, excluding the owners, and *we have attached the necessary certificate to this application.*
- We are a partnership and have workers compensation insurance coverage for all employees including the owners, and *we have attached the necessary certificate to this application.*

Limited Liability Company (LLC)

- We are an LLC and have workers compensation insurance coverage for all employees excluding any members who own 10% or greater of this company (members who own 9% or less are required to be covered by workers compensation insurance), and *we have attached the necessary certificate to this application.*

Corporation

- We are a Corporation and have workers compensation insurance coverage for all employees excluding any officers or members who own 10% or greater of this company (officers or members who own 9% or less are required to be covered by workers compensation insurance), and *we have attached the necessary certificate to this application.*

PART VII Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in denial.

For each "Yes" response to any question, you must provide an explanation and documentation. Provide your explanation on a separate sheet of paper labeled with your name and signed and dated by you; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. Documentation includes copies of court orders, charging documents, board or registration actions, judgments, etc. When in doubt about your response, disclose and provide the required explanation and documents. Applications submitted without the required attachments will be considered incomplete and will not be processed.

When in doubt, disclose and explain.

Since the date your last Alaska license was issued or renewed:

- 1.** Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes but is not limited to a misdemeanor, felony, or a military offense, including a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.

Yes
 No

- 2.** Have you had a professional license, denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?

Yes
 No

- 3.** Have you received a stop work order, a deactivation notice, or a cease and desist?

Yes
 No

"Yes" Answers

If you checked "Yes" to any of the questions above, you must submit signed and dated documentation explaining the specific circumstance(s) of the incident(s).



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Signature Page

Applicant Name:	
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PART VIII Agreement

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of 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, certificate, 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.

Applicant's Signature:		Date:	
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State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550
Email: License@Alaska.Gov

Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form **only** to explain and document any professional fitness “Yes” answers. A “Yes” answer is not necessarily disqualifying, but concealing one may be.

Each “Yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “Yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include but not be limited to; suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “Yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “Yes” to in the box.

Location of Incident:	Date of Incident:
Explanation of Incident:	
When in doubt, disclose and explain.	
Make copies as necessary.	

Did you attach all applicable documents associated with this incident?

- Court orders Consent agreements Disciplinary actions Charging documents
 Court records Fitness to practice All other documentation related to this incident
 I have additional incidents for this “Yes” answer, or “Yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:		
Signature:		Date:

APPLICATION INFORMATION

CON Information

LICENSE TERM

There is no “inactive” status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on December 31 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

General Information

APPLICATION PROCESSING

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued and sent to you. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

“YES” RESPONSES

A “Yes” response in the application does not mean your application will be denied. If you have responded “Yes” to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

RANDOM AUDIT

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

SOCIAL SECURITY NUMBERS

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

PUBLIC INFORMATION

Please be aware that all information on the application 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 *ProfessionalLicense.Alaska.Gov* under License Search.

ABANDONED APPLICATIONS

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

PAYMENT OF CHILD SUPPORT

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

STATUTES AND REGULATIONS

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist

Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

EMAIL: RegulationsAndPublicComment@Alaska.Gov



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply): **AMOUNT**

Application Fee: _____

License or Renewal Fee: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>