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FOR	DIV	ISION	USE	ONLY

Contractor Licensing Program

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806

If your company name begins with A-F
If your company name begins with G-M
If your company name begins with N-Z
(907) 465-5470
(907) 465-8444
(907) 465-5372

Email: license@alaska.gov

 $Website: {\it Professional License. A laska. Gov/Construction Contractors}$

Voluntary License Return

- Your license will be made inactive on the date it is received by the Division
- Voluntarily returned construction contractor licenses can be renewed for up to five years from the date made inactive
- Voluntarily returned licenses will not receive mailings, including renewal forms or surety bond and insurance cancellation warnings

PART Licensee Info	ormation			
License Owner Name(s):				
Doing Business As (DBA):				
Professional License Number	:			
Is your license certificate attached?		☐ Yes [☐ Yes ☐ No	
PART II Notarized Sig	nature			
Printed Nan	ne	Title		
Printed Nan Signature of owner or re		Title Date		
	gistered officer			