



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](mailto:ConstructionContractors@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/ConstructionContractors](http://ProfessionalLicense.Alaska.Gov/ConstructionContractors)

**Assignment of Cash Deposit**

**12 AAC 21.120(a)(2): The Time Certificate of Deposit MUST:**

- Be payable to "State of Alaska in trust for"
- Be issued for at least three years and be automatically renewable
- Be signed by BOTH the contractor and the bank

For value received, the undersigned assigns and transfers to the State of Alaska the following:			
<b>Deposit Number:</b>		<b>Amount of Deposit:</b>	
<b>Bank Name:</b>			
<b>Bank Address:</b>	Street	City	State Zip
<b>BANK REPRESENTATIVE</b> By signature below, the issuing institution agrees that only the State of Alaska, upon presentation of written notice, shall cause the release of any and all funds described above.			
<b>Bank Representative Printed Name:</b>			
<b>Bank Representative Signature:</b>		<b>Date:</b>	

<b>Owner or Entity Name:</b>		<b>Email Address:</b>	
<b>Official DBA:</b>		<b>Phone Number:</b>	

If a construction contractor license number has been issued to you, enter it here: \_\_\_\_\_.

**APPLICANT AND NOTARY**  
The undersigned irrevocably constitutes and appoints the State of Alaska by and through its duly authorized agents as his/her/their Attorney-in- Fact to do all things necessary and appropriate to effectuate the purposes of this assignment. It is agreed and understood that this assignment shall remain in full force and effect for the period of time provided by law for actions against the surety bond. The person who executed the below and foregoing Assignment of Cash Deposit acknowledged to me that it was signed and sealed freely and voluntarily for the uses and purposes stated in the assignment. All persons whose names appear on the certificate or passbook account must sign below.

<b>Notary Stamp</b>	<b>Applicant's Signature:</b>			
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>	
	<b>Notary's Signature:</b>		<b>My Commission Expires:</b>	