



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

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

**General Contractor with Residential Endorsement**

**Renewal Application (October 1, 2024 – September 30, 2026)**

- Your license lapses after either September 30, 2024 or December 31, 2024 (depending on when it was initially issued). 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.
- Once the renewal is processed, your license certificate will be available for printing via the MY LICENSE self-service portal.

**PART I Payment of Fees**

<b>Required Fees:</b>	<input type="checkbox"/> Full-Term Biennial License Renewal (For licenses first issued on or before December 31, 2023)	<b>\$125.00</b>
	<input type="checkbox"/> Prorated License Renewal (For licenses first issued on or after January 1, 2024)	<b>\$ 62.00</b>

**PART II Personal Information**

<b>DBA Name:</b>			
<b>Alaska License Number:</b>		<b>Contact Phone:</b>	
<b>Mailing Address:</b> Address change: <input type="checkbox"/>	P.O. Box or Street	City	State Zip
<b>EMAIL AGREEMENT:</b> 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.			
<b>Email Address:</b>		<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<b>Note: If both boxes are selected above, you will receive correspondence electronically.</b>			
<b>SOCIAL SECURITY NUMBER:</b> 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.			

**PART III** **Ownership Information & Workers' Compensation** (Sole Proprietors and Partnerships Only)**Ownership Information**

If there has been a change in ownership type since your last renewal you may not renew that license; you must apply for a new license by submitting an initial application.

Please complete the appropriate table below according to your business ownership type. Attach additional pages as necessary.

☐ Sole Proprietorship      ☐ Partnership

Full Name	Address	Social Security Number*	Date of Birth

*\*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.*

**Workers' Compensation**

If your business uses employee labor, 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."

Your bond and insurance documents must be dated no more than 30 days from the date received in our office, and your business name(s) on your insurance documents must exactly match your business name(s) on your application. This includes your corporation (if applicable) and doing business as (DBA) name(s). For further guidance on how and when the bond and insurance documents must be completed, please review the Construction Contractor FAQs available at <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/ConstructionContractors/ConstructionContractorsFAQs.aspx>.

Do you have employees?      ☐ Yes      ☐ No

***If yes, you must provide proof of workers compensation insurance as outlined above.***

**PART IV** **Ownership Information & Workers' Compensation** (Corporations & LLCs Only)**Ownership Information**

If there has been a change in ownership type 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.

**Please complete the appropriate table below according to your business ownership type. Attach additional pages as necessary.**

☐ **Corporation**☐ **LLC**

<b>Name of Member, Corporate Officer, or Managing Partner</b>	<b>Address of Member, Corporate Officer, or Managing Partner</b>	<b>Alaska Entity Number</b>

**Workers' Compensation**

If your business uses employee labor, or if your corporation or LLC has any members that own 9% or less of the company, 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."

Your bond and insurance documents must be dated no more than 30 days from the date received in our office, and your business name(s) on your insurance documents must exactly match your business name(s) on your application. This includes your corporation (if applicable) and doing business as (DBA) name(s). For further guidance on how and when the bond and insurance documents must be completed, please review the Construction Contractor FAQs available at <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/ConstructionContractors/ConstructionContractorsFAQs.aspx>.

**Do you have employees?**☐

Yes

☐

No

**Do any of your entities members own 9% or less of the company?**

If you're unsure, look up your entity details on our online Corporations Search: <https://www.commerce.alaska.gov/cbp/main/Search/Entities>

☐

Yes

☐

No

***If yes to either question, you must provide proof of workers compensation insurance as outlined above.***

**PART V****Electrical and/or Mechanical Administrator Assignment****Does your business perform electrical or communications contractor work?**☐

Yes

☐

No

*If yes, you must list the name(s) and license number(s) of the electrical administrator(s) assigned to your license. Attach additional pages as needed.*

**Name of Electrical Administrator:****License Number:****Name of Electrical Administrator:****License Number:****Does your business perform mechanical or plumbing contractor work?**☐

Yes

☐

No

*If yes, you must list the name(s) and license number(s) of the mechanical administrator(s) assigned to your license. Attach additional pages as needed.*

**Name of Mechanical Administrator:****License Number:****Name of Mechanical Administrator:****License Number:**

*If you listed electrical and/or mechanical administrator(s) above:*  
**Have any of the administrators assigned to your license changed compared to what we have on file?**

If you're not sure, please log into your MY LICENSE account or use our online professional license search to see which administrators have a "relationship" with your contractor license currently.

☐

Yes

☐

No

*If yes, a Change of Employer/Affiliation form (#08-4102) is required with your renewal application. You can access that form at <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/ConstructionContractors/MiscForms.aspx>*

**PART VI****Residential Endorsement****Will this business perform new home construction or remodel 25% or more of the value of an existing residential structure?**☐

Yes

☐

No

*If no, do not name a residential endorsement holder. The license will be renewed as General Contractor without Residential Endorsement.*

*If yes, a residential endorsement holder must be assigned to the business. Name the endorsement holder below. (A residential endorsement holder may be assigned to no more than two general contractors.)*

**Endorsement Holder:****License Number:****Endorsement Holder:****License Number:**

## PART VII General Liability Insurance

Your bond and insurance documents must be dated no more than 30 days from the date received in our office, and your business name(s) on your insurance documents must exactly match your business name(s) on your application. This includes your corporation (if applicable) and doing business as (DBA) name(s). For further guidance on how and when the bond and insurance documents must be completed, please review the Construction Contractor FAQs available at <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/ConstructionContractors/ConstructionContractorsFAQs.aspx>.

☐ **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, including the name of the insurance provider, policy number, commencement date, and expiration date.

Provide the following information in the fields below, in addition to submitting proof of insurance:

<b>Insurance Provider:</b>		<b>Policy Number:</b>	
<b>Policy Effective Date:</b>		<b>Policy Expiration Date:</b>	

## PART VIII Bonding

Your bond and insurance documents must be dated no more than 30 days from the date received in our office, and your business name(s) on your insurance documents must exactly match your business name(s) on your application. This includes your corporation (if applicable) and doing business as (DBA) name(s). For further guidance on how and when the bond and insurance documents must be completed, please review the Construction Contractor FAQs, specifically question #13, available at <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/ConstructionContractors/ConstructionContractorsFAQs.aspx>.

Select one of the following:

☐ **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 or an ACORD 25, 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:

<b>Bond Provider:</b>			
<b>Bond Number:</b>		<b>Bond Effective Date:</b>	

- or -

☐ **Time Certificate of Deposit (TCD)**

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

- or -

☐ **State Trust Account**

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

## PART IX Alaska Law

☐ I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.18 and 12 AAC 21).



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## Signature Page

<b>Applicant Name:</b>		
<b>Alaska License Number (if known):</b>		<input type="checkbox"/> <i>Application in Process</i>

### **PART X** 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.

<b>Applicant Signature:</b>		<b>Date Signed:</b>	
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## General Information

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### 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. 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.

### 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 September 30 of even-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 sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

### PROFESSIONAL FITNESS QUESTIONS:

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 as a public record, unless required to be kept confidential by state or federal law.

### 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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PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550

## 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:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
I wish to make payment by credit card for the following (check all that apply):			AMOUNT
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
TOTAL:			

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

### CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		All 3 fields MUST be completed.  This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		