



THE STATE  
of **ALASKA** *Department of Commerce, Community, and Economic Development*  
*Division of Corporations, Business and Professional Licensing*

**Contractor Licensing Section**

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

Email: [constructioncontractors@alaska.gov](mailto:constructioncontractors@alaska.gov)

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

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## Residential Endorsement Contractor License Application Instructions

*A general contractor may not undertake the construction or alteration, or submit a bid to undertake the construction or alteration, of a privately-owned residential structure of one to four units or advertise or publicly represent that the general contractor may undertake work of this type in the state without a residential contractor endorsement.*

— AS 08.18.025

“Alteration” means changes that have a value of greater than 25 percent of the value of the structure being altered.

### Residential Endorsement Requirements

1. Signed and notarized residential endorsement contractor application. This application must be received by mail only. Do not fax or email this application.
2. \$300 application and registration fee (\$65 application fee, \$235 registration fee).
3. Copy of official examination results issued by testing provider. For complete exam information, visit [PSIexams.com](http://PSIexams.com)
4. Proof of completion of the Alaska craftsman home program or its equivalent, or a postsecondary course in arctic engineering, or its equivalent, within two years preceding the date of application.
5. Name of currently licensed general contractor and contractor license number which the residential contractor endorsement will be assigned to.

Our records reflect the organizations listed below as providers of the Alaska craftsman home program or its equivalent training. For further information regarding the training course schedules, contact the providers directly:

**At Your Pace Online, LLC**

531 NE F Street  
Grants Pass, OR 97526  
Phone: (877) 724-6150  
Website: [tradesmance.com](http://tradesmance.com)

**Alaska Craftsman Home Program, Inc.**

P.O. Box 241647  
Anchorage, AK 99524  
Phone: (907) 258-2247  
Website: [achpalaska.com](http://achpalaska.com)

**Wisdom and Associates, Inc.**

P.O. Box 3413  
Kenai, AK 99611  
Phone: (907) 283-0629  
Website: [wisdomandassociates.com](http://wisdomandassociates.com)



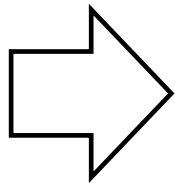
FOR DIVISION USE ONLY

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**Contractor: Residential Endorsement**

A residential endorsement license must be assigned to a properly licensed general contractor. For your license to be assigned to a general contractor, you must meet one of the following criteria:



- **Sole Proprietor**  
*Must be own endorsement holder*
- **Partnership**  
*A partner must be the endorsement holder*
- **Officer, Member, or Employee**  
*Endorsee must be an officer, member, or employee of the corporation or LLC*

<b>Required Fees:</b>	<input type="checkbox"/> Initial Registration:	\$65.00 <i>Non-refundable Application Fee</i>	+	\$235.00 <i>Registration Fee</i>	=	<b>\$300.00 Total Due</b>
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**Full Legal Name:** \_\_\_\_\_

*If you have had a legal name change since your last application, submit a copy of the legal name change document.*

**Birthdate:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Contact Phone:** (      )      —

**EMAIL AGREEMENT:** By choosing to receive correspondence on any matter affecting your license or other business with the Alaska Division of Corporations, Business and Professional Licensing by email, you agree to notify the Division in writing when your email address changes. You understand that failure to check your email address or to keep it in good standing may result in an inability to receive crucial information, potentially resulting in the inability to obtain or retain licensure.

**Email Address:** \_\_\_\_\_

Send my Correspondence by Email  
 Send my Correspondence by US Mail

**SOCIAL SECURITY NUMBER:** 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.

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### Alaska Craftsman Home Program

Satisfactory completion of the Alaska craftsman home program, or its equivalent, within two years before the date of this application is required. State below the date of completion and submit a copy of the certificate or transcripts.

I have submitted a copy of the certificate or the official transcripts from the school I attended.

Date Alaska craftsman home program course was taken:

### PSI Residential Exam

Must apply for the residential endorsement within 12 months after having passed the examination.

I have submitted a copy of the official residential exam result issued by PSI Exams with this application.

Date Residential Endorsement exam was taken and passed:

### Assignment to a General Contractor

A residential endorsement license must be assigned to a properly licensed general contractor.

Company Name:

License #

Which capacity are you associated with this general contractor:

Sole Proprietor       Partner       Officer, member, or employee of a corporation or LLC

### Professional Fitness

Within the seven years preceding the date of this application, have you been sentenced for an offense related to AS 08.18.025(b)(5):

<input type="checkbox"/> Yes <input type="checkbox"/> No	Forgery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Conspiracy to defraud creditors	<input type="checkbox"/> Yes <input type="checkbox"/> No	Theft in the first or second degree
<input type="checkbox"/> Yes <input type="checkbox"/> No	Extortion	<input type="checkbox"/> Yes <input type="checkbox"/> No	A felony involving dishonesty		

**!** If you answered "Yes" to any of the questions, submit a written explanation about the incident. Include copies of court records (including charging documents) and judgments showing disposition of the charges.

### Notarized Signature

The Division may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license by fraud or deceit. The person may also be subjected to criminal charges for unsworn falsification. (AS 11.56.210)

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

## **!** 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. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. 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 with a cover letter about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided. 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 December 31 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 mailed at least 30 days before license expiration to the last known address of record. If your program offers temporary licenses, they are issued for either 30 consecutive days or until the end of the calendar year, whichever period is shorter.

### **"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 both charging and closing court documentation.

### **DENIAL OF APPLICATION:**

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

### **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, you will be sent a letter and required to submit copies of documentation and proof that you satisfied the continuing competency requirements as you stated on this renewal form. Please note that 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.

### **CERTIFIED TRUE COPIES:**

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document". To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, "I certify this is a true copy of the original document" and sign your name. The notary will compare the original document with the copy and then notarize your signature.

### **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 Exception from Social Security Number Requirement form located at [ProfessionalLicense.Alaska.gov](http://ProfessionalLicense.Alaska.gov) or contact the Division for a copy of the form.

### **SPECIAL ACCOMMODATIONS FOR EXAMINATION:**

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must submit an *Application for Examination Accommodations for Candidates with Disabilities form* (08-4214).

### **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](http://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 AND STUDENT LOANS:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900, or the Postsecondary Education office at (907) 465-2962 or (800) 441-2962 to resolve payment issues.

### **BUSINESS LICENSES:**

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, call (907) 465-2550 or online at: [BusinessLicense.Alaska.gov](http://BusinessLicense.Alaska.gov)

### **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](http://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 program you want to be updated on to:

**REGULATIONS SPECIALIST**  
Email: [RegulationsAndPublicComment@Alaska.Gov](mailto:RegulationsAndPublicComment@Alaska.Gov)  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
P.O. Box 110806  
Juneau, Alaska 99811-0806



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PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550 • Fax: (907) 465-2974

CREDIT CARD PAYMENT

For security purposes please do not email credit card information. Fax or mail this credit card payment form to the Division. Completion of this form is not proof of payment until the Division processes the information. If any information on this form is illegible, the form will be rejected.

Name of Applicant or Licensee: \_\_\_\_\_

Type of License: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

Table with 2 columns: Description and Amount. Rows include Application Fee, License or Renewal Fee, Other (name change, wall certificate, fine, duplicate license, exam, etc.), and Total.

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Credit Card Type: [ ] VISA — or — [ ] Mastercard

Signature of Credit Card Holder: \_\_\_\_\_

.....

VISA or Mastercard Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

This section below the dotted line will be destroyed upon processing of the payment.