



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Construction Contractors Program
PO Box 110806, Juneau AK 99811
(907) 465-2550 • Email: ConstructionContractors@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/ConstructionContractors

CON

FOR DIVISION USE ONLY

Now Available!
Renew Online:
• Fast
• Easy

Specialty Contractor License Renewal

January 1, 2018 — December 31, 2019

- Your specialty contractor license lapses after December 31, 2017.
- There is no grace period — it is illegal to work if your license has lapsed.
- Do not fax or email this renewal application.
- Mail checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a four- to six-week processing time for correct and complete renewal applications.

Renewal Fee:	<input type="checkbox"/> Biennial License Renewal <i>(for licenses first issued on or before December 31, 2016)</i>	\$235.00
	<input type="checkbox"/> Prorated License Renewal <i>(for licenses first issued on or after January 1, 2017)</i>	\$117.50

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

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 appropriate box for your business ownership type, then complete the associated table. Attach additional pages as necessary.

Sole Proprietor
 Partnership

Complete Table A


Corporation
 LLC or LP or LLP

Complete Table B

Table A	(for sole proprietors and partnerships only)																				
Name 1:																					
Address:																					
Birthdate:																					
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.	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				

Name 2:																					
Address:																					
Birthdate:																					
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.	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				

Table B	(for corporations, LLCs, LPs, or LLPs only)
Alaska Entity Number:	
Name and Address of:	
<ul style="list-style-type: none"> • Member • Corporate Officer • Managing Partner 	
Name and Address of:	
<ul style="list-style-type: none"> • Member • Corporate Officer • Managing Partner 	

Do you want to keep your current specialty trades?

Yes (check your contractor license to verify your current specialty trades)

No — There is a change to my specialty trades from the previous licensing period.

The specialty trades referenced in 12 AAC 21.200 I want assigned to my license are:

1. _____
2. _____
3. _____

Electrical Administrator Requirement:

No, this business does NOT perform electrical or communications work.

Yes, this business DOES perform electrical or communications work and there has been a CHANGE in the assignment of the electrical administrator.

An Employer/Affiliation form is required to assign or terminate assignment of an administrator.

You must attach a completed *Change of Employer/Affiliation Form 08-4102* and submit the \$5 change fee if the administrator(s) assigned to this specialty contractor license has changed.

Yes, this business DOES perform electrical or communications work and there has NOT been a change in the assignment of the electrical administrator.

Below are the electrical administrators assigned to my license:

Name of Electrical Administrator: _____

License Number: _____

Name of Electrical Administrator: _____

License Number: _____

You must submit proof of current insurance and bonding at the time of renewal. 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 audited for compliance; failure to submit accurate proof of insurance and bonding for the current licensing period **will result in disciplinary action up to and including revocation or your Alaska contractor license.**

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 dated within the last 30 days 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 at the time of issue, submit the new original signed bond and power of attorney with this renewal application.

AND provide the following information in the fields below:

Bond Provider: _____

Bond Number: _____

Bond Effective Date: _____

Certificate of Cash Deposit

A TCD statement 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, including the name of the insurance provider, policy number, commencement date, and expiration date. **The certificate or other proof must be dated within the last 30 days.**

AND provide the following information in the fields below:

Insurance Provider: _____

Policy Number: _____

Policy Effective Date: _____

Policy Expiration Date: _____

WORKERS' COMPENSATION INSURANCE

You must provide proof of workers' compensation insurance to the extent required under AS 23.30.

Select whether this is one of two business entity types; WITH employees, or WITHOUT employees.

WITH Employees: Workers' Compensation Insurance

If your business uses employee labor, or if your business is a corporation without an executive officer waiver, you must submit proof of workers' compensation insurance by a certificate of insurance (ACORD 25), issued by a carrier authorized by the Alaska Division of Insurance to transact business in Alaska. This certificate must include the name of the insured exactly as licensed, name of the insurance provider, policy number, commencement date and expiration date. A policy with "AOS" or "All Other States" endorsement will only be accepted if the certificate specifically states "covers activities in Alaska."

AND provide the following information in the fields below:

Insurance Provider: _____

Policy Number: _____

Policy Effective Date: _____

Policy Expiration Date: _____

Select your Business Type:

- Sole Proprietor
- Partnership
- Limited Liability Company (LLC)
- Corporation — WITH an executive officer waiver
- Corporation — WITHOUT an executive officer waiver

If you are a corporation and your workers' compensation policy excludes owners or officers, you must provide an executive officer waiver for the officers.

For questions regarding workers' compensation coverage requirements, contact the Alaska Workers' Compensation Division Special Investigations Unit at (907) 269-4002.

WITHOUT Employees: Workers' Compensation Insurance

There are no exemptions for family, friends, or non-residents, or for part-time or temporary jobs.

Alaska labor laws, not business owners, determine employee status. Misclassification of employee status is a crime under AS 23.30.250. Do not classify workers as "independent contractors" without calling the Alaska Workers' Compensation Division Special Investigations Unit at 907-269-4002.

Select your Business Type:

- Sole Proprietor
- Partnership
- Limited Liability Company (LLC)
- Corporation — attach an ACORD 25 and/or an executive officer waiver

Contact the Alaska Workers' Compensation Division at (907) 465-2790 with questions concerning executive officer waivers.

PROFESSIONAL FITNESS

The following question must be answered.

A "Yes" answer may not automatically result in license denial. If you answer "Yes," you **must** provide full details (dates, locations, type of action, organizations or parties involved, and specific circumstances) on a separate sheet of paper, signed and dated.

Since the date of your **last application or renewal** for a specialty contractor license, have you, a member, an owner, partner, or corporate officer 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 hold in any jurisdiction including Alaska and including that of any military authorities, or is any such action pending?

- Yes
 No

NOTE: Cease and Desist and Stop Work Orders are professional license actions.

WARNING: The Department may deny, suspend, or revoke the license of a person who has obtained or is attempting to obtain a license by fraud or deceit. The person may also be subject to criminal charges for unsworn falsification (AS 11.56.200).

I certify that the information in this application, including the attached bonding and insurance documents, is true and correct, and that I am the owner of this specialty contractor business if it is a sole proprietorship or partnership, or that I am a registered officer or managing partner of the corporation, LP, or LLP, or a member or manager if this business is an LLC.

Applicant's Signature: _____

Date: _____

Printed Name: _____

Title: _____

Before you mail this application, have you...

- ✓ Completed all questions in the form?
- ✓ Attached your check for fees payable to the State of Alaska or credit card payment form?
- ✓ Signed and dated the form?
- ✓ Attached an explanation and supporting documents for a "Yes" answer to the professional license question?

You must submit proof of current insurance and bonding at the time of renewal. To meet this requirement, **documentation (newly-dated ACORD 25 and/or a newly-dated bond continuation/verification or bank statement) must be mailed in or emailed within 30 days of submitting this application.** You may also meet this requirement by submitting the documentation along with your mailed hard copy renewal.

If you choose to email your documentation as a PDF attachment, all you have to do is put your contractor license number or DBA name in the email subject line.

Applications will be audited for compliance; failure to submit accurate proof of insurance and bonding for the current licensing period **will result in disciplinary action up to and including revocation** of your Alaska contractor license.

! 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 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. 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 Exemption from Social Security Number Requirement form located at 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 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

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 program you want to be updated on to:

REGULATIONS SPECIALIST
Email: 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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Division of Corporations, Business and Professional Licensing

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Division of Corporations, Business and Professional Licensing 333
Willoughby Avenue, 9th Floor, Juneau, AK 99801
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. 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): _____

I wish to make payment by credit card for the following (check all that apply):
Table with 2 columns: Description, Amount. Includes rows for Application Fee, License or Renewal Fee, and Other (name change, wall certificate, fine, duplicate license, exam, etc.).

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.