



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

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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FOR DIVISION USE ONLY

## Mechanical Contractor License Renewal

### January 1, 2020 — December 31, 2021

- Your mechanical contractor license lapses after December 31, 2019
- 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 4-6 week processing time for correct and complete renewal applications

<b>Renewal Fee:</b>	<input type="checkbox"/> Biennial License Renewal <i>(for licenses first issued on or before December 31, 2018)</i>	<b>\$250.00</b>
	<input type="checkbox"/> Prorated License Renewal <i>(for licenses first issued on or after January 1, 2019)</i>	<b>\$125.00</b>

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

## Professional Fitness Section

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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.

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

<b>Table A</b> (for sole proprietors and partnerships only)	
<b>Name 1:</b>	
<b>Address:</b>	
<b>Birthdate:</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.	

<b>Name 2:</b>	
<b>Address:</b>	
<b>Birthdate:</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.	

<b>Table B</b> (for corporations, LLCs, LPs, or LLPs only)	
<b>Alaska Entity Number:</b>	

<b>Name and Address of:</b> <ul style="list-style-type: none"> <li>• Member</li> <li>• Corporate Officer</li> <li>• Managing Partner</li> </ul>	

<b>Name and Address of:</b> <ul style="list-style-type: none"> <li>• Member</li> <li>• Corporate Officer</li> <li>• Managing Partner</li> </ul>	

**Mechanical Administrator Assigned — At least one is required.**

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All businesses performing mechanical contracting work as defined under AS 08.18.171(12) must list the mechanical administrator supervising that work below (make copies as necessary).

If there has been a change in the mechanical administrator assigned to this license since your last renewal, you must attach a completed *Change of Employer/Affiliation Form 08-4102* and submit the \$5 change fee.

**Name of Mechanical Administrator:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

**Name of Mechanical Administrator:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

**CONTINUED ON NEXT PAGE**

## Proof of Bonding & Insurance

You must submit proof of current bonding and insurance. 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 verified for compliance; failure to submit accurate proof of bonding and insurance for the current licensing period **will result in disciplinary action, which may include a stop work order.**

### 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 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:

**Bond Provider:** \_\_\_\_\_

**Bond Number:** \_\_\_\_\_

**Bond Effective Date:** \_\_\_\_\_

**Time Certificate of Deposit (TCD)**

A TCD statement, or letter of verification, 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.

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

**Insurance Provider:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Policy Effective Date:** \_\_\_\_\_

**Policy Expiration Date:** \_\_\_\_\_

## Workers Compensation Section

<b>Doing Business As (DBA):</b>	
<b>Construction Contractor License #:</b>	<i>If applying for an initial registration, please note pending.</i>

If your business uses employee labor, or if your business is a corporation or LLC, 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."

<b>Are you a sole proprietor or partnership and do you have employees?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Are you a Limited Liability Company (LLC) or Corporation and do you have employees?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Please note: There are no exemptions for family, friends, or non-residents, or for part-time or temporary jobs. Do not classify workers as "independent contractors" without calling the Alaska Workers' Compensation Division Special Investigations Unit at 907-269-4002.</i>		

If **YES** to either of the above questions, then please check the appropriate box below:

### Sole Proprietorship

- I am a sole proprietor and have workers compensation insurance coverage for all my employees, *excluding* myself as the owner; and I have attached the necessary certificate to this application.
- I am a sole proprietor and have workers compensation insurance coverage for all my employees, *including* myself; and I have attached the necessary certificate to this application.

### Partnership

- We are a partnership and have workers compensation insurance coverage for all employees, *excluding* the owners; and we have attached the necessary certificate to this application.
- We are a partnership and have workers compensation insurance coverage for all employees, *including* the owners; and we have attached the necessary certificate to this application.

### Limited Liability Company (LLC)

- We are an LLC and have workers compensation insurance coverage for all employees, excluding any members who own 10% or greater of this company (members who own 9% or less are required to be covered by workers compensation insurance); and we have attached the necessary certificate to this application.

### Corporation

- We are a Corporation and have workers compensation insurance coverage for all employees, excluding any officers or members who own 10% or greater of this company (officers or members who own 9% or less are required to be covered by workers compensation insurance); and we have attached the necessary certificate to this application.

## Professional Fitness Section



The following questions **MUST** be answered. "Yes" answers may not automatically result in license denial. If you answer "Yes" to any of the questions, please explain dates and specific circumstances (locations, type of action, organizations or parties involved) on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, certificates of completion, board or license actions, investigative notices, etc.).

Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

### When in doubt, disclose and explain.

**1. Since your last license was issued or renewed:**

Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this section, 'crime' includes a misdemeanor, felony, or a military offense, including a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. 'Convicted' includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere, or no contest, or have been given probation, a suspended imposition of sentence, or a fine.

Yes

No

**2. Since your last license was issued or renewed:**

Have you 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 have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?

Yes

No

**3. Since your last license was issued or renewed:**

Have you received a stop work order, a deactivation notice, or a cease and desist?

Yes

No

### Signature

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 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.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

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

# APPLICATION INFORMATION

## CON Information

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### 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.

## 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. 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. 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.

### “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. 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 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, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 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, (907) 465-2550 or *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 the address below.

### **REGULATIONS SPECIALIST**

Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

EMAIL: *RegulationsAndPublicComment@Alaska.Gov*

US MAIL: P.O. Box 110806, Juneau, Alaska 99811-0806