



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 99811-0806
(907) 465-2550 • Email: license@alaska.gov
ProfessionalLicense.Alaska.Gov/ConstructionContractors

CON

FOR DIVISION USE ONLY

Now Available!
Renew Online:
• Fast
• Easy

General Contractor — Handyman

Biennial License Renewal

January 1, 2017 — December 31, 2018

- Online renewal is available at: ProfessionalLicense.Alaska.Gov/ConstructionContractors
- Your general contractor handyman license lapses after December 31, 2016.
- There is no grace period — it is illegal to work if your license has lapsed.
- Make 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.

PART I Renewal Information

Fees Due:	<input type="checkbox"/> License Renewal (for licenses first issued on or before December 31, 2015)	\$235.00
	<input type="checkbox"/> Prorated License Renewal (for licenses first issued on or after January 1, 2016)	\$117.50

Alaska Handyman Contractor License Number:	
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DBA Name:	
Mailing Address: This is an address change: <input type="checkbox"/>	
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:	<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail

PART II Type of Business Ownership

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 at: *ProfessionalLicense.Alaska.Gov*

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.

Corporation or partnership changes can be made online at: *Corporations.Alaska.Gov*

Type of Business	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	→	Complete Table A
	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC/LLP	→	Complete Table B

Table A

Sole Proprietorships and Partnerships:			
Name			Date of Birth
Address	Address	City	State ZIP Code
SOCIAL SECURITY NUMBER: Required by State law. Please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure; it may be used to verify inter-state licensure. (AS 08.01.100)			Social Security Number

Name			Date of Birth
Address	Address	City	State ZIP Code
SOCIAL SECURITY NUMBER: Required by State law. Please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure; it may be used to verify inter-state licensure. (AS 08.01.100)			Social Security Number

Table B

Corporations, LLCs and LLPs:			
Alaska Entity Number			
Name and Address of Corporate Officer or Managing Partner	First Name		Last Name
	Address	City	State ZIP Code
Name and Address of Corporate Officer or Managing Partner	First Name		Last Name
	Address	City	State ZIP Code

Attach Additional Page(s) If Necessary

Part III Insurance Requirements

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

You must provide evidence of general liability insurance:

General Liability Insurance

You must submit a certificate or proof of insurance listing the insured exactly as licensed, including the name of the insurance provider, policy number, commencement date, and expiration date.

And, check one of these two workers' compensation insurance options:

WITH Employees: Workers' Compensation Insurance

If your business uses employee labor, or if your business is a corporation without executive officer waivers, you must submit 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 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."

If your workers' compensation excludes owners or officers, you must provide an executive officer waiver if a corporation.

Select your Business Type:

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

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 or Limited Liability Partnership (LLP)
- Limited Liability Company (LLC)
- Corporation — proof of coverage certificate or executive officer waiver or a certificate of self-insurance is attached

Corporations must submit proof of current workers' compensation insurance coverage issued by your provider, or a copy of an executive officer waiver, or a self-insurance certificate issued by the Alaska Workers' Compensation Division.

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

Part IV Bonding Requirements

Per AS 08.18.071, proof of a current bond must be attached to this renewal application.

Applications received without proof of a current surety bond, (or certificate of cash deposit, or a state trust account) in the amount of \$5,000 are incomplete and will not be processed.

Surety Bond

The bonding information you submit must be consistent with the information that is currently on file with the Division. A copy of the original bond filed with the Division is not acceptable proof of a current bond. Contact your bonding company for a continuation certificate or written verification that the bond is still in full force and in effect, or 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 and sealed bond and power of attorney with this renewal application.

— or —

Certificate of Cash Deposit

No information is required if you have a certificate of cash deposit on file with the Division.

PART V Professional Fitness

The following question **must be answered**. A “Yes” answer may not automatically result in license denial.

If you answer “Yes”, please explain dates and circumstances on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, etc.).

Since the date of your last application for an Alaska general contractor license:

Since the date of your last application for a general contractor license have you or an owner, partner, corporate officer, or managing member 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

PART VI Signature

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

I certify that the information in this application, including the attached insurance and bonding documents, is true and correct, and that I am the owner of this general contractor license if it is a sole proprietorship or partnership, or that I am an authorized agent or managing partner of this business if it is a corporation or LLC.

Printed or Typed Name: _____

Applicant's Signature: _____ Date: _____

Checklist:

Before mailing this renewal application, have you...

- completed all questions in the form?

- attached the required bond and insurance documents? Copies of certificates are acceptable.

- attached your check for fees payable to the State of Alaska or credit card payment form?

- signed and dated the renewal form?

- attached explanations and supporting documents for any “Yes” responses?

! 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.

"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".

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 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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Department of Commerce, Community, and Economic Development
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

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): _____

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.