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
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: *ConstructionContractors@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/ConstructionContractors*

Residential Contractor Registration Application Instructions

The following fees and documents must be on file with the division before the file will be reviewed:

1) FEES

Nonrefundable Application Fee	$100
Registration Fee	$250
TOTAL FEES DUE	**$350**

2) APPLICATION

Must be completed, signed and notarized (form 08-4819)

- **a.** Doing Business As (DBA) name;
- **b.** *For Corporations or LLCs:* Name and entity number registered with the Corporations section of the Division. Your business entity must be registered with the Corporations Division *before* your Residential Contractor Registration Application will be processed. For information concerning these requirements, contact the Corporations section at Corporations.Alaska.gov;
- **c.** Names of all owners and principal officers or principal members;

3) INSURANCE

Proof of current general liability insurance is required for registration (not less than $20,000 for damage to property, $50,000 for injury, including death, to any one person, and $100,000 for injury, including death, to more than one person).

- **a.** The Certificate of Insurance Coverage (form 08-4819a) included with this packet or a certificate issued by your provider may be accepted.

4) WORKERS' COMPENSATION

If your business uses employee labor or your business is a Corporation or LLC, proof of workers' compensation insurance is required for registration. The Workers' Compensation Worksheet (form 08-4819c) may be used to determine the appropriate workers' compensation coverage required.

- **a.** A completed Workers' Compensation Worksheet (form 08-4819c) is required to be submitted with the application; and
- **b.** A certificate from a workers' compensation insurance carrier authorized by the Alaska Division or Insurance to transact business in Alaska is required to be included with the application.

5) BONDING

A bond of $20,000.00 is required to register as a Residential Contractor. One of the following must be submitted with the application for registration:

- **a.** **Surety Bond.** Issued by an insurer or other surety company using the Construction Contractor Surety Bond (form 08-4819b) with the bonding company's power of attorney included with it. The bond form must be signed by both the principal (construction contractor) and the surety (bond provider); or
- **b.** **Cashier's Check.** For a cash deposit to the State of Alaska to be held in a trust account established by the state.
- **c.** **Time Certificate of Deposit or Savings Passbook.** Issued by a bank or trust company authorized to do business in Alaska. The certificate or passbook must read "State of Alaska in trust for (contractor name)". The original certificate or passbook will be held by the State.

! 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 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 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* 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
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Residential Contractor Registration Application

PART I Payment of Fees

New Application:	☐	Nonrefundable Application Fee ($100) + License Fee ($250)	**$350**
Owner/Entity Change:	☐	Nonrefundable Application Fee ($100) + License Fee ($250)	**$350**

PART II Registration Information

Doing Business As (DBA):	

Reminder: If you are a corporation or LLC your business entity must be registered with the Corporations Division before this application is processed.

Mailing Address:	
Contact Phone Number:	

EMAIL AGREEMENT: 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.

Email Address:	

Are you a Corporation, LLC, LP or LLP? ☐ **YES** ☐ **NO** **If YES, provide:**

Name of Corporation or LLC:	
Entity Number:	

Are you changing the Owner or Entity name on an existing license? ☐ **YES** ☐ **NO** **If YES, provide:**

License Number:	

PART III Ownership

Check the applicable box and provide the complete name(s) of the owner(s) including all partners, corporate officers, or managing members, whichever is appropriate; and provide U.S. Social Security Numbers for sole proprietor or partners.

☐ **Sole Proprietorship** ☐ **Partnership** ☐ **Corporation** ☐ **LLC**

Full Name	Address	Date of Birth (sole proprietorship/partners only)	Social Security # (sole proprietorship/partners only)

PART IV Insurance

Give proof of current general liability insurance to register as a Residential Contractor. AS 08.18.101(a)(2) & (b)

☐ I have completed the attached Certificate of Insurance Coverage (form 08-4027a) or a certificate issued by my provider to this application as proof of public liability and property damage insurance covering contracting operations in this state in the sum of not less than $20,000 for damage to property, $50,000 for injury, including death, to any one person, and $100,000 for injury, including death, to more than one person.

PART V Workers' Compensation

☐ **I have completed the Workers' Compensation Worksheet and included it with this application.**

Is the documentation/certificate showing workers compensation included in this application? ☐ **YES** ☐ **NO**

If NO, please state the reason *(i.e. sole proprietor with not employees, etc.)*:

PART VI Bonding

A bond of $20,000.00 is required to be registered as a Residential Contractor pursuant to AS 08.18.071.
Please check the appropriate boxes below:

☐ I have provided original documentation or a copy of my surety bond (form 08-7027b).

☐ I have provided an original Time Certificate of Deposit or Savings Passbook issued by a bank or trust company authorized to do business in Alaska. The certificate or passbook must read "State of Alaska in Trust for (contractor name)."

☐ I have provided a cashier's check for a cash deposit to the State of Alaska to be held in a trust account established by the state.

PART VII Residential Contractor Endorsement

Residential Contract Endorsement Holder Name:	
Residential Contract Endorsement License #:	

PART VIII

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.

Notary Stamp	Notarized Signature of Owner, Corporate Officer, or Member:
	Printed Name of Owner, Corporate Officer, or Member:

Notary's Signature:		My Commission Expires:	
Subscribed and Sworn to Before me on this Day:		State of:	

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Certificate of Insurance Coverage

Submit this completed original form <u>or</u> a Certificate of Insurance issued by your provider with the Construction Contractor Application.

This is to certify that we are a duly authorized casualty insurer eligible to write business in the State of Alaska and have written a public liability policy of not less than the limits required under AS 08.18 on behalf of,

_____
(sole proprietor or all partners' names or corporation name)

DBA: _____

for registration as a construction contractor, under policy number(s)_____

effective from _____ to _____.

In the event the above policy is cancelled for any reason, we agree to furnish the Department of Commerce, Community, and Economic Development, Construction Contractor Section at the above address, a notification of cancellation at least 30 days before the effective date of that cancellation.

_____
Name of Insurance Carrier (not agency)

_____
Address

_____
City State ZIP Code

_____
Signature of Authorized Agent

_____
Date

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Residential Contractor Surety Bond - *Required by Construction Contractor Statute AS 08.18.07*

Bond Number _____

KNOW ALL MEN BY THESE PRESENTS that _____

Doing business as (DBA)_____

as principal, and _____

as Surety, are held firmly bound to the State of Alaska, in the sum of TWENTY THOUSAND DOLLARS ($20,000) lawful money of the United States, for the payment of which, well and truly to be made, we and each of us, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE SUCH THAT: Whereas, the above bound principal has applied to, or is about to obtain from, the State of Alaska for registration as a Residential Contractor pursuant to AS 08.18.011 and the acts amendatory thereof and supplemental thereto:

NOW THEREFORE, if the State of Alaska shall register the above bounden Principal as a Residential Contractor and that Principal shall faithfully and honestly act a Residential Contractor in accordance with law, and fully complies with the provisions of AS 08.18.071 of the State of Alaska and acts thereof and supplemental thereto, and if the Principal shall fully indemnify and save harmless from loss the State of Alaska and any person who may have cause of action against the Principal for any malfeasance or misfeasance in the conduct of a Residential Contractor, then this obligation to be voided, otherwise to remain in full force and virtue.

LIABILITY UNDER THIS BOND commences _____ and shall be continuous until the registration license is revoked or otherwise terminated by the Department of Commerce, Community, and Economic Development, State of Alaska (the Department) or until written notice from the Surety is received by the Department provided the bond has been cancelled for lawful reasons. The Bond shall apply to all liens and liabilities which arise during the effective period of the bond to which the bond is applicable under law, even if the judgment liens are foreclosed or valid liens settled after the effective period of the bond or liabilities are enforced after the effective period of the bond.

IN WITNESS WHEREOF, the principal and surety have signed and sealed this bond on this day, the _____ of _____, 20_____.

PRINCIPAL (Applicant)

Name:			
Title:		**Signature:**	

SURETY

Name:		**Attorney-in-fact:**	
Agency Name:			
Address:			

THIS BOND IS NOT VALID UNTIL SIGNED BY BOTH PRINCIPAL AND SURETY.
Surety's Power of Attorney **must be attached.**

(Surety's Seal)

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Workers' Compensation Worksheet

Doing Business As (DBA):	
Construction Contractor License #:	*If applying for an initial registration please note pending.*

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.

Are you a sole proprietor or partnership and you have employees?	☐ **YES**	☐ **NO**
Are you a Limited Liability Company (LLC) or Corporation and you have employees?	☐ **YES**	☐ **NO**

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.

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, LP or LLP 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*.

THE STATE of ALASKA

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FOR DIVISION USE ONLY

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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: _____

Program Type: _____ License Number *(if applicable)*: _____

I wish to make payment by credit card for the following *(check all that apply)*: **AMOUNT**

- ☐ Application Fee: _____ _____
- ☐ License or Renewal Fee: _____ _____
- ☐ Other *(name change, wall certificate, fine, duplicate license, exam, etc.)*:
  1. _____ _____
  2. _____ _____

TOTAL: 0

Name *(as shown on credit card)*: _____

Mailing Address: _____

Phone Number: _____ Email *(optional)*: _____

Signature of Credit Card Holder: _____

08-4438 Rev 12/26/18 Credit Card Payment Form (all major cards accepted)

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

1. Account Number: _____
2. Expiration Date: _____
3. Billing ZIP Code: _____
4. Security Code: _____

All four fields **MUST** be completed!

This section will be destroyed after the payment is processed.