



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

EAD

FOR DIVISION USE ONLY

Electrical Administrators Program

PO Box 110806, Juneau, AK 99811-0806

Website: ProfessionalLicense.Alaska.Gov/ElectricalAdministrators

Electrical Administrator - Additional Category Application

Faxed or emailed applications will not be accepted.

PART I License Category	
Alaska License Number:	
Adding Category by:	<input type="checkbox"/> Examination <input type="checkbox"/> Credentials
Category:	<input type="checkbox"/> Unlimited Commercial Wiring (UCW) <input type="checkbox"/> Outside Communications (OC) <input type="checkbox"/> Controls and Control Wiring (CNTL) <input type="checkbox"/> Residential Wiring (RW) <input type="checkbox"/> Inside Communications (IC) <input type="checkbox"/> Unlimited Line Work Outside (UL)

PART II Payment of Fees	
Required Fees:	<input type="checkbox"/> Application Fee (\$150 is Non-Refundable) \$150.00

PART III Personal Information	
Full Legal Name:	
<p>Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).</p> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other Names Used: _____	
Mailing Address:	P.O. Box or Street _____ City _____ State _____ Zip _____
Contact Phone:	Date of Birth:
<p>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.</p>	
Email Address:	Select One: <input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<p>Note: If both boxes are selected above, you will receive correspondence electronically.</p>	
<p>SOCIAL SECURITY NUMBER: AS 08.01.060 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.</p>	

PART IV Examinations

List any state(s) and date(s) in which you passed or failed an electrical administrator's exam. All exam verifications must come from the state.

State	Exam Date	Exam Administered By	Result
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail

PART V Applicant Experience and Qualifications

Check all that apply:

1. **Unlimited Commercial Wiring (UCW) – 12 AAC 32.145**

I certify that I'm qualified to be licensed as an electrical administrator in this category based on (mark one or more of the following, as applicable):

- a. Practical experience as a journeyman electrician in inside commercial wiring.

From Date:		To Date:		Total Number of Months:	
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- b. Construction management experience in inside wiring as a field superintendent or similar position.

From Date:		To Date:		Total Number of Months:	
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- c. A degree in electrical engineering from a nationally or regionally accredited college or university plus practical experience as a journeyman electrician or field engineer in inside commercial wiring.

From Date:		To Date:		Total Number of Months:	
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- d. A registration in the State of Alaska as a professional electrical engineer plus management experience in the electrical construction industry as a field engineer or in a similar position.

From Date:		To Date:		Total Number of Months:	
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- e. Experience as a journeyman electrician in inside commercial wiring and one year (during qualifying years) of experience as a certified electrical inspector for a state or municipality.

From Date:		To Date:		Total Number of Months:	
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- f. Experience as a journeyman electrician in inside commercial wiring and one year (during qualifying years) of experience as a full-time electrical instructor at a college, university, or trade school that is nationally or regionally accredited or approved by the Alaska Commission on Postsecondary Education;

From Date:		To Date:		Total Number of Months:	
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- g. Experience as a journeyman electrician in inside commercial wiring and completion of a curriculum that the division determines is related to inside commercial wiring at a college, university, or trade school that is nationally or regionally accredited or approved by the Alaska Commission on Postsecondary Education.

From Date:		To Date:		Total Number of Months:	
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PART V Applicant Experience and Qualifications (continued)

2. Residential Wiring (RW) – 12 AAC 32.215

I certify that I'm qualified to be licensed as an electrical administrator in this category based on:

- a. Practical experience as a journeyman residential wireman.

From Date:		To Date:		Total Number of Months:	
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3. Controls and Control Wiring (CNTL) – 12 AAC 32.255

I certify that I'm qualified to be licensed as an electrical administrator in this category based on (mark one or more of the following, as applicable):

- a. Practical experience as a journeyman installing low voltage controls of 48 volts or less.

From Date:		To Date:		Total Number of Months:	
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- b. Construction management experience in low voltage control wiring as a field superintendent or similar position.

From Date:		To Date:		Total Number of Months:	
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- c. A registration in the State of Alaska as an electrical or mechanical engineer plus management experience in the electrical or mechanical low voltage control wiring industry as a field engineer.

From Date:		To Date:		Total Number of Months:	
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4. Inside Communications (IC) – 12 AAC 32.175

I certify that I'm qualified to be licensed as an electrical administrator in this category based on (mark one or more of the following, as applicable):

- a. Practical experience as a journeyman in inside communications.

From Date:		To Date:		Total Number of Months:	
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- b. A degree from a college, university, or trade school in inside communications that is nationally or regionally accredited or approved by the Alaska Commission on Postsecondary Education.

5. Outside Communications (OC) – 12 AAC 32.105

I certify that I'm qualified to be licensed as an electrical administrator in this category based on (mark one or more of the following, as applicable):

- a. Practical experience as a journeyman in outside communications.

From Date:		To Date:		Total Number of Months:	
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- b. A degree from a college, university, or trade school in outside communications that is nationally or regionally accredited or approved by the Alaska Commission on Postsecondary Education.

6. Unlimited Linework Outside (UL) – 12 AAC 32.055

I certify that I'm qualified to be licensed as an electrical administrator in this category based on (mark one or more of the following, as applicable):

- a. Practical experience as a journeyman lineman in outside linework.

From Date:		To Date:		Total Number of Months:	
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- b. Construction management experience in outside linework as a field superintendent or similar position.

From Date:		To Date:		Total Number of Months:	
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PART V Applicant Experience and Qualifications (continued)

- c. A degree in electrical engineering from a nationally or regionally accredited college or university plus practical experience as a journeyman lineman or field engineer in outside linework.

From Date:		To Date:		Total Number of Months:	
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- d. A registration in the State of Alaska as a professional electrical engineer plus management experience in the electrical construction industry as a field engineer or in a similar engineering position.

From Date:		To Date:		Total Number of Months:	
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- e. Experience as a journeyman lineman in outside linework and one year (during qualifying years) of experience as a certified electrical inspector for a state or municipality.

From Date:		To Date:		Total Number of Months:	
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- f. Experience as a journeyman lineman in outside linework and one year of experience as a full-time electrical instructor at a college, university, or trade school that is nationally or regionally accredited or approved by the Alaska Commission on Postsecondary Education.

From Date:		To Date:		Total Number of Months:	
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- g. Experience as a journeyman lineman in outside linework and completion of a curriculum that the division determines is related to outside linework at a college, university, or trade school that is nationally or regionally accredited or approved by the Alaska Commission on Postsecondary Education.

From Date:		To Date:		Total Number of Months:	
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PART VI Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an **explanation and documentation**. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

When in doubt about your response, disclose and provide the required explanation and documents. Applications submitted without the required attachments will be considered incomplete and will not be processed.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.

When in doubt, disclose and explain.

1. Have you been convicted of a crime or are you currently charged with committing a crime, or is any such action pending? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including (but not limited to) 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 having been given probation, a suspended imposition of sentence, or a fine. Yes No
2. 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

"Yes" Answers

If you answered "yes" to any of the above questions, you must submit signed and dated documentation explaining the specific circumstance(s) of the incident(s).

PART VII Alaska Law

- I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.40 and 12 AAC 32).



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Electrical Administrators Program

PO Box 110806, Juneau, AK 99811-0806

Website: ProfessionalLicense.Alaska.Gov/ElectricalAdministrators

Signature Page

Applicant Name:		
Alaska License Number (if known):		<input type="checkbox"/> <i>Application in Process</i>

PART VIII Agreement

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, certificate, 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.

Applicant Signature:		Date Signed:	
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of

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

Electrical Administrators Program

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

Email: ElectricalAdministrators@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/ElectricalAdministrators

Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for issuance of an Electrical Administrator License.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

Name:	First	Middle	Last
Full Address:	P.O. Box or Street	City	State Zip
Phone:			Date of Birth:
Email:			
Signature:			Date Signed:



Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: License@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov

Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “yes” answers. A “yes” answer is not necessarily disqualifying but concealing one may be.

Each “yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.



Write the professional fitness question number you are answering “yes” to in the box.

Location of Incident:		Date of Incident:	
Explanation of Incident: When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

Did you attach all applicable documents associated with this incident?

- Court Orders
 Consent Agreements
 Disciplinary Actions
 Charging Documents
 Court Records
 Fitness to Practice
 All Other Documentation Related to This Incident
 I have additional incidents for this “yes” answer, or “yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:		Program:	
Signature:		Date Signed:	



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ADM

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State of Alaska
PO Box 110806, Juneau, AK 99811
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:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
I wish to make payment by credit card for the following (check all that apply):			AMOUNT
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
			TOTAL:

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

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

1. Credit Card Number:		<p>All 3 fields MUST be completed.</p> <p>This section will be destroyed after the payment is processed.</p>
2. Expiration Date:		
3. Security Code:		