



DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
CONTRACTOR LICENSING SECTION
333 WILLOUGHBY AVENUE, 9TH FLOOR, JUNEAU, AK 99801
P.O. BOX 110806, JUNEAU, AK 99811-0806
PHONE: (907) 465-8443
WEBSITE: www.commerce.alaska.gov/occ/

CHANGE OF EMPLOYER/AFFILIATION FORM

[] Electrical Administrator [] Mechanical Administrator

Instructions: Within 15 days after a change of employment or company affiliation, you must notify the division in writing. Complete this form including the notarization, return your current license for amendment to show the new assignment, and pay the \$5.00 fee to print the new license. Please make your check or money order payable to the State of Alaska. If not employed as an administrator, write "unassigned," or "N/A."

Administrator Name _____ License # _____

Mailing Address _____

City/State/Zip Code _____ Telephone Number: _____

PREVIOUS ASSIGNMENT

Name of Construction Company or Other Entity _____ Construction Contractor License Number _____

Mailing Address _____

City/State/Zip Code _____ Date Employment Ended _____

NEW ASSIGNMENT

Name of Construction Company or Other Entity _____ Construction Contractor License Number _____

Mailing Address _____ License Expiration Date _____

City/State/Zip Code _____ Date Employment Began (effective date of assignment) _____

I certify that the information in this document is true and correct to the best of my knowledge.

Signature of Administrator _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

Notary Public
My Commission Expires: _____