



THE STATE
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

Certification of Personal Supervision

As authorized by AS 08.40.195 and 12 AAC 32.903, this form must be completed for all work for which you have had responsibility or control and retained for a minimum of three years. Upon request by the department, this document must be submitted for review.

PART I Administrator Information

Administrator Name:				Alaska License Number:	
Category(ies):	<input type="checkbox"/> UCW	<input type="checkbox"/> IC	<input type="checkbox"/> UL	<input type="checkbox"/> OC	<input type="checkbox"/> RW <input type="checkbox"/> CNTR
Mailing Address:	P.O. Box or Street	City	State	Zip	
Contact Phone:					
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:				Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>					

PART II Supervision

I have personally supervised or inspected all electrical installation/repair work performed at:			
Job Site:			Contractors AK License Number:
Supervised Start Date:			Supervised End Date:
Is this an Underground Installation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supervisor Printed Name:			AK License Number:
Supervisor Signature:			Date Signed:
Rough Inspection Completed? (before being covered)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supervisor Printed Name:			AK License Number:
Supervisor Signature:			Date Signed:

Final Inspection? (Project completed)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supervisor Printed Name:		AK License Number:	
Supervisor Signature:		Date Signed:	

All electrical installation/repair work conforms to applicable code requirements.

Comments:	
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Signature

I hereby certify that the above information is true and complete to the best of my knowledge.			
Printed Name:			
Signature:		Date Signed:	mm/dd/yyyy