

CONTRACTOR APPLICATION PACKET
MUNICIPALITY OF ANCHORAGE



PLUMBING,
MECHANICAL
& ELECTRICAL
ONLY

CONTRACTOR'S LICENSE APPLICATION

CHECK ONE: ✓

☐

Renewal

☐

New

☐

Change of name or ownership

Former name: _____

1. Date of application: _____

2. _____
Name of business (name as it appears on your state contractor's license)

3. Mailing address: _____

City: _____ State: _____ Zip: _____

4. Phone number: _____ Fax number: _____

Cell number: _____ E-mail: _____

You give permission for us to add your email address to our Constant Contact email list.

5. **Provide a copy of your current**

State Of Alaska Construction & Administrator License.

(NOT Business license)

State Contractor's License Number: _____ Expiration Date: _____

6. If applicable, attach a copy of your **State of Alaska Electrical Administrator's License.**

Admin Name: _____ License #: _____

Expiration Date: _____ Phone #: _____

7. If applicable, attach a copy of your **State of Alaska Mechanical Administrator's License.**

Admin Name: _____ License #: _____

Expiration Date: _____ Phone #: _____

There is a \$400.00 fee for each license General, Mechanical, and Electrical Contractors.
The license will expire in two (2) calendar years on February 14.

As a specialty contractor, you can only perform the work that is listed on your State of Alaska license. If you want to perform other work, you will have to change your State of Alaska designations, or upgrade your license to a General Contractor. Residential work requires a residential endorsement on your State of Alaska General Contractor's License.



Provide Any and All State License copies:


General Contractor License

Specialty Contractor License

Mechanical Contractor License including All Administrator License

Electrical Contractor License including All Administrator License

- * Must have a current Plumbing Contractor, Sheet Metal Contractor, or Gas Piping Contractor Certificate of Qualification Card issued by the Municipality of Anchorage. The card holder named on the application must be a responsible managing employee of the company.

8. Place a  in the appropriate category boxes below for all license you hold with the State of Alaska Occupational Licensing department.

	MECHANICAL & PLUMBING \$400.00	ELECTRICAL \$400.00

I CERTIFY that I have in my possession a copy of the currently applicable code, together with pertinent amendments and referenced standards, and that I am fully aware of, and will abide by, the administrative procedures and functions as set forth in the Anchorage ordinance and relevant codes.

I FURTHER AGREE as a condition of licensing, to comply with all requirements, rules, and regulations of all Municipal Building Codes which apply to the activities mentioned in this application.

I HEREBY CERTIFY that the above information is true and complete to the best of my knowledge. I understand that any false or misleading information may result in failure to obtain a contractor's license or subsequent revocation of my contractor's license.

OWNER'S PRINTED NAME: _____

OWNER'S SIGNATURE: _____

REPRESENTATIVE OF OWNER WITH OWNER'S KNOWLEDGE OF MY SIGNING THIS APPLICATION ON HIS/HER BEHALF.

REPRESENTATIVE'S PRINTED NAME: _____

REPRESENTATIVE'S SIGNATURE: _____

***MUST BE COMPLETED**

The owner of the business named below has authorized the following individuals to apply for permits on behalf of this company:



Date: _____

Name of Business: _____

Business Owner's Name: _____

Authorized Individuals:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Owner or Representative Signature

Email: **permitcounter@muni.org**

MUNICIPALITY OF ANCHORAGE
Development Services Department
Building Safety Division
Licensing Section



IF YOUR COMPANY PERFORMS GAS PIPING THEN THE GPC CARDHOLDER NEEDS TO FILL OUT THIS FORM

DATE: _____

This notice is to inform the Municipality of Anchorage, Building Safety Division,

Licensing Section that I _____ am assigning my
(Card Holders *PRINTED* Name)

GAS PIPING CONTRACTOR Certificate of Qualification Card **GPC** _____ to

(Company Name)

and that I am a responsible managing employee of company named above and am on
above company's payroll.

Effective: _____.

I understand that I may assign my Plumbing Contractor Certificate of Qualification Card to ONLY ONE Company at a time and that if I leave the employment of the company named above that I will notify MOA Licensing Office in writing that my Qualification Card is no longer assigned to above named Company.

(Signature of Card Holder)

DATE: _____

MUNICIPALITY OF ANCHORAGE
Development Services Department
Building Safety Division
Licensing Section



IF YOUR COMPANY PERFORMS PLUMBING THEN THE PC CARDHOLDER NEEDS TO FILL OUT THIS FORM

DATE: _____

This notice is to inform the Municipality of Anchorage, Building Safety Division,

Licensing Section that I _____ am assigning my
(Card Holders PRINTED Name)

PLUMBING CONTRACTOR Certificate of Qualification Card **PC** _____ to

(Company Name)

and that I am a responsible managing employee of company named above and am on
above company's payroll.

Effective: _____.

I understand I may assign my Plumbing Contractor Certificate of Qualification Card to ONLY ONE
Company at a time and that if I leave the employment of the company named above, I will notify MOA
Licensing Office in writing my Qualification Card is no longer assigned to above named Company.

(Signature of Card Holder) DATE: _____

MUNICIPALITY OF ANCHORAGE
Development Services Department
Building Safety Division
Licensing Section



IF YOUR COMPANY PERFORMS SHEET METAL THEN THE SMC CARDHOLDER
NEEDS TO FILL OUT THIS FORM

DATE: _____

This notice is to inform the Municipality of Anchorage, Building Safety Division,

Licensing Section that I _____ am assigning my
(Card Holders *PRINTED* Name)

SHEET METAL CONTRACTOR Certificate of Qualification Card **CSM** to

(Company Name)

and that I am a responsible for managing employees of the company named above and on the
above company's payroll.

Effective: _____.

I understand I may assign my Plumbing Contractor Certificate of Qualification Card to ONLY ONE
Company at a time and if I leave the employment of the company named above, I will notify MOA
Licensing Office in writing my Qualification Card is no longer assigned to above named Company.

(Signature of Card Holder)

DATE: _____

MUNICIPALITY OF ANCHORAGE
Development Services Department
Building Safety Division
Licensing Section



PAYMENT

Municipality of Anchorage License # if RENEWING: **CON** _____

Total Payment: _____

- ☐ **NEW \$400**
☐ **Renewal \$400 + 70 Late fee = \$470**
☐ **\$70 Admin Late Fee**
(ONLY for Renewals after 2/28)

☐ CASH ☐ CHECK Check #: _____ (Make check out to MOA)



There is a 2.75% service fee on all credit card transactions.

☐ VISA ☐ MASTERCARD **KEY: 1**

Name on Card: _____

CHG Receipt # _____

Name of Business: _____

Phone #: _____

Card Number: _____

Expiration Date: _____ (CW2) **3 digit PIN on back** _____

Credit Card Statement Address: _____

1. **Deliver/ Mail:** Development Services
Building Safety Division
Attn: Licensing
4700 Elmore Rd
Anchorage, Alaska 99507

2. **Email:** permitcounter@muni.org