CONTRACTOR APPLICATION PACKET MUNICIPALITY OF ANCHORAGE



PLUMBING, MECHANICAL & ELECTRICAL ONLY

CONTRACTOR'S LICENSE APPLICATION

C⊦	HECK ONE: ✓ □ Renewal □ Ne □ Change of name or ow 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: You give permission for us to ac		ur Constant Contact email list
	5. Provide a co	py of your cur	<mark>ent</mark>
	State Of Alaska Construc	t <mark>ion & Administra</mark> <u>siness license</u>)	ator License.
	<u>State</u> Contractor's License Number:	Expiration	Date:
6.	If applicable, attach a copy of your State of	Alaska Electrical Admi	inistrator's License.
	Admin Name:	License #:	
	Expiration Date:	Phone #:	
7.	If applicable, attach a copy of your State of	Alaska Mechanical Ad	ministrator'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.



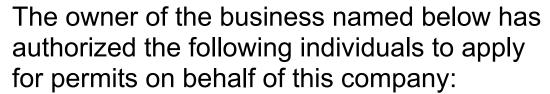
Provide Any and All State License copies:

General Contractor License Specialty Contractor License

Mechanical Contractor License including <u>All Administrator License</u> Electrical Contractor License including <u>All Administrator License</u>						
* 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





te:	
me of Business:	
siness Owner's Name:	
thorized Individuals:	
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Email: permitcounter@muni.org



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 <u>ONL</u> <u>ONE</u> Company at a time and that if I leave the employment of the company named above that I winotify MOA Licensing Office in writing that my Qualification Card is no longer assigned to above named Company.
DATE: OSIGNATURE OF Card Holder)

(Signature of Card Holder)



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 (Card Holders PRINTED Name) _____ am assigning my 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. _____ DATE: _____



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 <u>ONLY ONE</u> 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.
DATE: (Signature of Card Holder)



PAYMENT

Municipality of Ancho	rage License # if	RENEWING: CO	N				
Total Payment:		Renev	 NEW \$400 Renewal \$400 + 70 Late fee = \$470 \$70 Admin Late Fee (ONLY for Renewals after 2/28) 				
~ ^	☐ CHECK C	heck #:	(Make check out to MOA)				
There is a 2.75% service fee on all credit card transactions.							
Name on Card: Name of Business: _			CHG Receipt #				
Phone #: Card Number: Expiration Date: Credit Card Statemer			(CW2) 3 digit PIN on back				
1. Deliver / Mail:		Services Division I					
2. Email:	permitcounte	er@muni.org					