

RENEWAL OF CERTIFICATE OF QUALIFICATION CARDS

NEW after TESTING: _____ RENEWAL: _____

EXPIRES: **2/14/2026**

MOA CARD # _____

\$ 400.00	PLUMBING CONTRACTOR	PC - _____
➡	*Must hold / maintain and provide a current copy of your State JP fitness card.	
\$ 400.00	GAS PIPING CONTRACTOR	GPC - _____
	*Must hold / maintain and provide a current copy of your State Plumber Gas fitness card.	
\$ 400.00	SHEET METAL CONTRACTOR	CSM - _____
\$ 140.00	JOURNEYMAN PLUMBER	JP - _____
➡	*Must hold / maintain and provide a current copy of your State JP fitness card.	
\$ 140.00	JOURNEYMAN GAS FITTER	JGF - _____
➡	*Must hold / maintain and provide a current copy of your State Plumber Gas fitness card.	
\$ 140.00	JOURNEYMAN SHEET METAL	JSM - _____
\$ 85.00	PLUMBER TRAINEE	APP - _____
➡	*Must hold/ maintain and provide current copy of your SOA Plumber Trainee fitness card.	
\$ 85.00	SHEET METAL TRAINEE	ASM - _____
\$ _____	2 YEAR FEE	
\$ _____	*** \$70.00 ADMINISTRATIVE LATE FEE <u>AFTER FEB. 28th</u>	
\$ _____	TOTAL	

FULL NAME: _____ EMAIL: _____

COMPLETE MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMPLOYER: _____

TELEPHONE: (HOME) _____ (CELL): _____

*** ALL EXPIRED CERTIFICATES OF QUALIFICATION MAY BE RENEWED (UP TO TWO YEARS) BY PAYING THE PRESCRIBED FEE RETROACTIVE TO THE EXPIRATION DATE OF THE LAST CERTIFICATE ISSUED.
IN ADDITION A \$70.00 ADMINISTRATIVE LATE FEE WILL BE CHARGED.

RE-TESTING IS REQUIRED AFTER A TWO-YEAR LAPSE. 23.10.105.2.4 Expiration of certificate of qualification

MAILING ADDRESS - MUNICIPALITY OF ANCHORAGE, BUILDING SAFETY DIVISION, LICENSING,
4700 ELMORE RD, ANCHORAGE, ALASKA 99507

FOR OFFICIAL USE ONLY: RECEIVED BY: _____ PAID BY: CK / CASH /CHG: _____

DATE RECEIVED: _____

RECEIPT NO: _____

Key 13



PAYMENT

Municipality of Anchorage License #: _____

Total Payment: _____

☐ \$400.
☐ \$140.
☐ \$85.

\$70. Admin Late Fee (**Renewals after 2/28**)

☐ CASH ☐ CHECK Check #: _____



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

☐ VISA ☐ MASTERCARD **KEY: 13**

Name on Card: _____

Name of Business: _____

Phone #: _____

Card Number: _____

Expiration Date: _____ Credit Card Zip Code: _____ (**CW2**) 3 digit PIN on back _____

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

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