

# MUNICIPALITY OF ANCHORAGE



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## CONTRACTOR APPLICATION PACKET

**Development Services Department  
Building Safety Division  
Licensing Section  
Phone: 343-8211**

To renew your Municipal Contractor's License, you must provide the following:

- A completed Application Form.
- A COPY of your CURRENT STATE OF ALASKA CONTRACTOR'S LICENSE must be submitted with your application. If you are a General Contractor with a residential endorsement you must also provide a COPY of your CURRENT STATE OF ALASKA REISIDENTIAL ENDORSEMENT with your application.
- A completed (Authorized Persons to Pull Permits) form, attached to license application. Only persons that you list will be able to pull permits for your company.
- The applicable license fee of \$288.00 must be paid at time of application. This fee is for each license applied for. (*General contractor, Mechanical, Electrical, and Specialty contractor.*)
- If you are a New Contractor, the Municipality of Anchorage requires a copy of your current "Construction Surety Bond" that is held by the State of Alaska for your State Contractor's License.
- If you are renewing your license and have CHANGED the company's name, we will require a copy of your BOND and STATE CONTRACTOR'S LICENSE in the new company's name before a new license is issued.
- A PLUMBING, SHEETMETAL, or FUEL GAS PIPING LICENSE will require a current applicable Contractors Certificate of Qualification Card issued by the Municipality; THIS INFORMATION MUST GO ON THE LICENSE APPLICATION. In addition, the person named as the cardholder must be a responsible managing employee of the company. You can only assign your card to one company at a time. The form to assign a qualification Card is included in this packet. Also included in this packet is a verification form for said company to submit with application, verifying cardholder is a responsible managing employee on their payroll.
  - Before your ELECTRICAL or MECHANICAL contractor license can be renewed you are required to provide a copy of your STATE OF ALASKA ADMINISTRATORS LICENSE, showing assignment to the COMPANY'S NAME you are submitting on this application. This copy needs to be submitted at the time of application. Without this required copy your State of Alaska Contractor's License CANNOT be issued. You can only assign your license to one company at a time.
- If at any time during the effective dates of this license (February 14, 2008 to February 14, 2010), the applicable contractor fitness card holder or the status of the bond for your State of Alaska Contractor License should change, you are required to notify the Municipality either (1) by fax at 907-249-7742, or (2) in writing at the following address:

MUNICIPALITY OF ANCHORAGE  
BUILDING SAFETY DIVISION  
LICENSING SECTION  
P.O. BOX 196650  
ANCHORAGE, ALASKA 99519-6650  
Fax: 907-249-7742

Once your application is received with all the current, required documentation and applicable license fee(s), your license will be mailed to you within 10 working days. The absence of required, CURRENT information or copies will result in your application being returned.

We are located at 4700 Elmore Road, Anchorage, Alaska, and are open to the public between 7:00 AM and 4:30 PM, Monday through Friday. If you need further assistance please call 907-343-8211, or fax 907-249-7742.

#### DEFINITION UNDER STATE LAW

CONTRACTOR - A person who, in the pursuit of an independent business, undertakes or offers to perform or claims to have the capacity to perform, or submits a bid for a project to construct, alter, repair, move, or demolish a building, highway, road railroad, or any type of fixed structure, including excavation and site development.

GENERAL CONTRACTOR - A contractor whose business operations require the use of more than THREE DISTINCT TRADES whose work the General Contractor superintends. The terms "General Contractor" and "Builder" are synonymous.

SPECIALTY CONTRACTOR - A contractor whose operations do not fall within the definition of "General Contractor". A Specialty Contractor may engage only in the type of work for which he is registered (may have THREE DISTINCT TRADES).

# 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: \_\_\_\_\_ (optional)  
E-mail: \_\_\_\_\_ (optional)
5. Attach a copy of your current **State of Alaska Contractor's License**.  
State Contractor's License Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_



You are required to notify Municipal Licensing when you renew your State of Alaska license.



6. If applicable, attach a copy of your **State of Alaska Electrical Administrator's License**.  
Admin Name: \_\_\_\_\_  
License #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Phone #: \_\_\_\_\_



You are required to notify Municipal Licensing when you renew your State of Alaska license.



7. If applicable, attach a copy of your **State of Alaska Mechanical Administrator's License**.  
Admin Name: \_\_\_\_\_  
License #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Phone #: \_\_\_\_\_



You are required to notify Municipal Licensing when you renew your State of Alaska license.



8. **Plumbing Contractor's Certificate of Qualification Card.** Card holder must complete and attach form included in this packet, assigning their qualification card to the company named on Line 2.

Cardholder's Name: \_\_\_\_\_

License #: PC-\_\_\_\_\_

Expiration Date: February 14, \_\_\_\_\_

9. **Sheet Metal Contractor's Certificate of Qualification Card.** Card holder must complete and attach form included in this packet, assigning their qualification card to the company named on Line 2.

Cardholder's Name: \_\_\_\_\_

License #: SMC-\_\_\_\_\_

Expiration Date: February 14, \_\_\_\_\_

10. **Gas Piping Contractor's Certificate of Qualification Card.** Card holder must complete and attach form included in this packet, assigning their qualification card to the company named on Line 2.

Cardholder's Name: \_\_\_\_\_

License #: GPC-\_\_\_\_\_

Expiration Date: February 14, \_\_\_\_\_

The classification numbers listed below cover General, Mechanical, and Electrical contractors. There is a \$288.00 fee for each license. 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.

GENERAL		MECHANICAL		ELECTRICAL	
G-01	General Contractor	*M-01	Plumbing/Gas Piping	E-01	Inside Wiring
G-02	Carpentry	*M-02	Sheet Metal	E-02	Residential Wiring
G-03	Concrete	*M-03	Fuel Gas Piping	E-03	Inside Communications
G-04	Crane	M-04	Hydronic Heating	E-04	Outside Communications
G-05	Excavating	M-05	Sprinkler Systems (Fire)	E-05	Outside Line
G-06	Glass	M-06	Fuel Tanks & Piping	E-06	Fire Alarm Systems
G-07	Masonry/Stonework	M-07	Refrigeration	E-07	Burglar Alarm Systems
G-08	Paperhanging/Painting/Decorating	M-08	Furnace Cleaning	E-08	Other:
G-09	Paving	M-09	Water Treatment		
G-10	Plastering	M-10	Hot Tubs/Pools/Spas		
G-11	Roofing/Siding	M-11	Sewer/Line Cleaning/Thawing		
G-12	Sheetrock	M-12	Sprinkler Systems (lawn irrigation)		
G-13	Signs	M-13	Fire Protection (dry chemical/halon)		
G-14	Floor Laying/Floor Work	M-14	Commercial Hoods		
G-15	Tile/Marble Work	M-15	Medical/Dental Piping & Equipment		
G-16	Elevators	M-16	Other:		
G-17	Mobile Home Setup				
G-18	Asbestos Abatement				
G-19	Drilling				
G-20	Other:				

\* 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.

11. Enter the classification number(s) under the appropriate category below:

GENERAL \$288.00	MECHANICAL \$288.00	ELECTRICAL \$288.00

I, WE 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.

AND FURTHER CERTIFY that I will comply with the conditions set forth by AS 08.18 for revocation of bond and will furnish the Municipality of Anchorage Contractor Licensing Section at the above address a NOTIFICATION OF CANCELLATION no more than fifteen (15) days after the effective date of such cancellation.

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: \_\_\_\_\_

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:


\_\_\_\_\_  
Owner or Representative Signature

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC in and for Alaska

My Commission Expires: \_\_\_\_\_

MAIL OR FAX TO:

Municipality of Anchorage  
Development Services Department  
Building Safety Division  
Mailing: P.O. Box 196650, Anchorage, AK 99519-6650  
Physical: 4700 Elmore Street, Anchorage, AK 99507  
Fax: 907-249-7742  
Attn: Licensing Section

MUNICIPALITY OF ANCHORAGE  
Development Services Department  
Building Safety Division  
Licensing Section



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

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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



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

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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 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



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

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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 #SMC-\_\_\_\_\_ 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



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## PAYMENT

Municipality of Anchorage License #: \_\_\_\_\_

Total Payment: \_\_\_\_\_

CASH                       CHECK    Check #: \_\_\_\_\_

VISA     MASTERCARD                      **KEY: 1**

Name on Card: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Phone #: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Credit Card Statement Address: \_\_\_\_\_

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### Payment Options:

- 1. Deliver:** Planning & Development Center  
4700 Elmore Road  
Building Safety Division  
Licensing Section  
Anchorage, Alaska 99507
- 2. Mail:** Municipality of Anchorage  
Building Safety Division  
Licensing Section  
PO Box 196650  
Anchorage, AK 99519-6650  
907-343-8211
- 3. Fax:** 907-249-7742 (secured fax line)