

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
CONTRACTOR LICENSING SECTION
333 WILLOUGHBY AVENUE, 9TH FLOOR, JUNEAU, AK 99801
P.O. BOX 110806, JUNEAU, AK 99811-0806
If your company name begins with A-E, contact: 907-465-8443
If your company name begins with F-N, contact: 907-465-8444
If your company name begins with O-Z, contact: 907-465-5372
Website: www.commerce.state.ak.us/occ/

CONSTRUCTION CONTRACTOR
REGISTRATION APPLICATION

Please read the instruction sheet attached before completing this application.

1. APPLICATION FOR:

- Initial Registration (includes entity change) - \$250
Name Change - \$50
Specialty Change - \$25
Upgrade - Contact the Division for the appropriate amount
Downgrade - Contact the Division for the appropriate amount

3. Previous Contractor # (if applicable).

Note: Contractor registration also requires a State business license. Contact Business Licensing Section at (907) 465-2550 for an application.

2. TYPE OF CONTRACTING:

- General - Residential
Residential Endorsement Holder Res. #
General - Limited Residential
Mechanical
Mechanical Administrator License #
Specialty (List below BY TRADE NAME)
(select up to three specialties from the contractor trade list, which is enclosed)
1.
2.
3.

Electrical Administrator (if applicable) License #

NOTE: The name below must read the same on all forms and must be separate and distinct from all other registered contractor's names (12AAC 21.030). Please contact the contractor section to find out if the name is already in use.

Applicant's Name

Official Name of Business (d/b/a)

Complete Mailing Address Complete Physical Address

City State ZIP Code City State ZIP Code

Business Telephone: ()

Type of Organization: THIS SECTION MUST BE COMPLETED. On reverse side please provide complete names, addresses, and social security numbers of owners, partners, or officers, whichever is appropriate.

- Sole Proprietorship Corporation Partnership LLC

Please sign if you have complied with the registration requirements of the Division of Corporations (if applicable). Call (907) 465-2530 with questions.

Construction Contractor Registration Application - Continued

Name of Owner(s), Partners, OR Corporate Officers:

Complete Mailing Address:

1. _____
SSN: _____
DOB: _____ Sex: M F
2. _____
SSN: _____
DOB: _____ Sex: M F
3. _____
SSN: _____
DOB: _____ Sex: M F

IF A SOLE PROPRIETOR OR PARTNERSHIP, IT IS MANDATORY THAT ALL SSN NUMBERS BE LISTED.

I hereby certify that the information on this application is true and complete to the best of my knowledge. I understand that any false or misleading information may result in failure to obtain registration or subsequent revocation of my registration.

Signature of Applicant

(NOTARY SEAL)

Title

SUBSCRIBED AND SWORN to before me on this _____ day of _____ 20_____.

NOTARY PUBLIC
My Commission Expires: _____

PLEASE CHECK AGAIN

- Are the forms complete? Take the time now to look over each document. Missing or incorrect information will cause processing delays.
Is the type of organization consistent throughout? A sole proprietorship is limited to one person, a husband and wife are two persons and therefore a partnership. For a proprietorship --- the same individual's name and DBA company name listed correctly in all areas. For a partnership --- both or all partners' names and DBA company name correctly listed on all forms. For a corporation --- the exact corporate DBA name (including "Inc.," if appropriate) properly listed in all areas?
Have you attached all required documents to the application? Original insurance document? Original workers' compensation document? Original surety bond and power of attorney? Or original TCD (or other cash surety) and accompanying assignment of cash deposit?
Are the forms signed and fees paid? Application signed and notarized? Other documents signed, notarized, or sealed, as appropriate? Check included, and for the correct amount?
Is the business name exactly the same on all documents?



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WORKERS' COMPENSATION INSURANCE

This form must be completed and returned with the Construction Application

Under AS 08.18.101, evidence of workers' compensation insurance is required under AS 23.30 for registration as a construction contractor. The insurance must be provided by a private insurance carrier registered to do business in the State of Alaska and the policy must be specifically written to pay benefits as provided by Alaska law. According to AS 23.30.025, an "all states endorsement" is not acceptable.

In order to meet the workers' compensation requirements you must comply with one (or more) of the following sections as applicable.

A) Please attach a Certificate of Insurance or have your agent complete the following information regarding the workers' compensation insurance coverage:

This is to certify that we are a duly authorized insurer admitted to do business in the State of Alaska and have written a workers' compensation policy, as required under AS 23.30 on behalf of:

Owner, partners, LLC or Corporation name: _____

Registered D/B/A (doing business as name): _____

Policy number: _____

Policy Period effective as: _____ to: _____

Name of Insurance Provider (not agency): _____

Name and Address of Insurance Agency: _____

Signature of Authorized Agent/Broker

Date

B) A Corporation must submit a valid workers' compensation policy and/or a corporate waiver for the registered officers. Without the waiver, the officers of the corporation are considered employees and a workers' compensation policy must be submitted. Information about the executive officer waiver is available through the Workers' Compensation Board at (907) 465-2790. After the waiver is issued please attach a copy to this form.

C) Your company may be 'exempt' from carrying workers' compensation insurance if you do not have employees and the construction contractor registration falls under one of the following categories (please check the appropriate 'type of business').

- Sole proprietorship-the registered owner does not need workers' compensation.
Partnership-the registered partners do not need workers' compensation.
Limited Liability Company (LLC)-the registered managing partner does not require workers' compensation coverage.

Under penalty of unsworn falsification, I declare I have read the above statement, have met the requirements of AS 23.30 and will continue to meet these requirements for the duration of the license.

Signature of Applicant Date