

BOILER OPERATOR/INSPECTOR, AMUSEMENT INSPECTOR

APPLICATION FOR CERTIFICATES OF FITNESS

State of Alaska DOLWD Mechanical Inspection Section

REQUIRED INFORMATION

LAST NAME	FIRST NAME	MI	Current AK COF# (if applicable)	
EMAIL		PHONE NUMBER	SSN	DATE OF BIRTH
ADDRESS		CITY	STATE	ZIP

TYPE OF APPLICATION

<input type="checkbox"/> Boiler Inspector \$50 NB Commission #: <input type="text"/>	<input type="checkbox"/> Boiler Operator Class 4 \$200 3 yr									
<input type="checkbox"/> Amusement Ride Inspector \$0 NAARSO Level II or equivalent	<input type="checkbox"/> Boiler Operator Class 3 \$200 3 yr									
<input type="checkbox"/> Tramway Specialist \$0 Professional certification or Training certificate	<input type="checkbox"/> Boiler Operator Class 2 \$200 3 yr									
<input type="checkbox"/> Authorized Elevator Inspector \$0 QEI #: <input type="text"/>	<input type="checkbox"/> Boiler Operator Class 1 \$200 3 yr									
	Boiler operator experience Boiler installation/repair Classroom hours									
	<table><tr><td>Yr</td><td>Mo</td><td>lb/hr</td></tr><tr><td>Yr</td><td>Mo</td><td>lb/hr</td></tr><tr><td colspan="3">Hrs</td></tr></table>	Yr	Mo	lb/hr	Yr	Mo	lb/hr	Hrs		
Yr	Mo	lb/hr								
Yr	Mo	lb/hr								
Hrs										
	Company Name(s) for Work Listed Above:									

PAYMENT INFORMATION

Payment required as indicated by application type above.

Card Type: ☐ AMEX ☐ Visa ☐ Mastercard ☐ Discover ☐ Cash/Check

CARD NUMBER (leave blank for in-person payments)	EXPIRES	CV CODE
CARDHOLDER NAME	EMAIL FOR CREDIT RECEIPT (Receipts are sent by APP@CLOVER.COM)	

If you do not wish to pay by card, please print an mail this application with a check payable to DEPARTMENT OF LABOR. Include this application and copies of the required materials noted above.

Email this form to:

MI@ALASKA.GOV

Attach copies of Ces as indicated above.

OR

Mail to: **Mechanical Inspection**

1251 Muldoon Road, Suite 113

Anchorage, AK 99504

SIGNATURE BLOCK

By signing below, I authorize my card above to be charged for the fee listed above. I understand that if any of the information on this document is found to be false that my certificate may be immediately cancelled.

SIGNATURE	DATE
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Please allow 7-10 business days for processing. Certificates are issued in PDF format from MI@ALASKA.GOV. If you do not receive it, please check your spam folder prior to calling.

OFFICE USE ONLY

Received by: _____	Date: _____
<input type="checkbox"/> Complete	Initials: _____
<input type="checkbox"/> Denied	Initials: _____

Incomplete applications (missing experience verification and/or payment) will be rejected.