

State of Alaska DOLWD Mechanical Inspection Section

LAST NAME	FIRST NAME	MI	Current AK COF#

I certify that I have direct knowledge that the applicant was employed as (job title): _____ under trade license# _____ from _____ to _____ while performing work in the state of _____.

ELECTRICIAN		PLUMBER	
	Hours		Hours
Commercial/Industrial Commercial and 5-plex and above		Commercial/Residential Water/gas/venting construction/alteration	
Residential 8 AAC 90.900(17); up to 4-plex)		Water services, sewer, storm line Hours earned per 8 AAC 90.137(a)	
Linework 8 AAC 90.900(17); subject to NESC		Gas piping & appliance Fuel gas piping installation	
Classroom Hours USDOL registered or accredited		Classroom Hours USDOL registered or accredited	
Military/Vocational Hours earned per 8 AAC 90.890(b)		Military/Vocational Hours earned per 8 AAC 90.890(b)	

COMPANY NAME

ADDRESS	CITY	STATE	ZIP

PRINTED NAME OF REPRESENTATIVE	TITLE	TRADE LICENSE #
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EMAIL	SIGNATURE (NOTARIZED BELOW)	DATE

By signing this form I certify that I have direct knowledge that the employee worked the listed hours to the laws of the state above.

VERIFICATION

NOTARY PUBLIC
Signed and sworn before
me on the ____ day of
_____, ____ at
_____, ____.

NOTARY PUBLIC

MY COMMISSION EXPIRES

This space reserved for Notarial or Union stamp

Unions in Alaska may submit hour in lieu of the normal requirements by claiming this exemption. The union accepts responsibility for ensuring that the applicant has the proper hours or experience. Subject to DOL approval.

☐ Exemption claimed per AS 18.62.050(c)

<input type="checkbox"/> Test completed	test date _____
	Score (%) _____

Union Official Name

Signature

OFFICE USE ONLY

☐ Hours accepted as submitted ☐ Hours accepted with modifications ☐ Hours not accepted

Hours worked in Alaska without a current Trainee Certificate of Fitness will be rejected.