

RENEWAL
APPLICATION FOR ELECTRICAL AND PLUMBING CERTIFICATE OF FITNESS

State of Alaska DOLWD Mechanical Inspection Section

REQUIRED INFORMATION

LAST NAME	FIRST NAME	MI	Current AK COF# (if applicable)
* EMAIL		* PHONE NUMBER	* Leave blank unless you have changes to your current data.
* ADDRESS		* CITY	* STATE * ZIP

TYPE OF APPLICATION

Electrical

I have attached course certificates for 16 hours, at least 8 hours of which cover significant changes or updates to the NEC and no more than 8 hours are electrical industry related in accordance with 8 AAC 90.192(b). Course dates are within 24 months of this application.

Plumbing

I have attached course certificates for 16 hours, at least 8 hours of which cover significant changes or updates to the UPC and no more than 8 hours are plumbing industry related in accordance with 8 AAC 90.192(c). Course dates are within 24 months of this application.

Renewals two years after expiration require retesting. Application fee waived for renewal within 90 days of expiration.

PAYMENT INFORMATION

\$200 certificate fee. +\$50 application fee applies if applying 90 days after expiration. Card Type:

☐ AMEX ☐ Visa ☐ Mastercard ☐ Discover ☐ Cash/Check

CARD NUMBER	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 and mail this application with two checks (\$50 and \$200) payable to DEPARTMENT OF LABOR. Include this application and copies of your CE course certificate(s).

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 certificate fee and applicable application fee listed above. I understand that if any of the information in this application is found to be false that my application will be rejected.

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.