EAD/MEC

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 last name begins with A – E contact: (907) 465-8443
If your last name begins with F – N contact: (907) 465-8444
If your last name begins with O – Z contact: (907) 465-5372
Website: www.commerce.state.ak.us/occ/

☐ Electrical Administrator ☐ Mechanical Administrator

CHANGE OF EMPLOYER/AFFILIATION FORM

Instructions: Within 15 days after a change of employment or company affiliation, you must notify the division in writing. Complete this form including the notarization, **return your current license** for amendment to show the new assignment, and pay the **$5.00 fee** to print the new license. Please make your check or money order payable to the State of Alaska. If not employed as an administrator, write "unassigned," or "N/A."

_____ License #_____
Administrator Name

_____
Mailing Address

_____ Telephone Number: _____
City/State/Zip Code

PREVIOUS ASSIGNMENT

_____ _____
Name of Construction Company or Other Entity — Construction Contractor License Number

_____
Mailing Address

_____ _____
City/State/Zip Code — Date Employment Ended

NEW ASSIGNMENT

_____ _____
Name of Construction Company or Other Entity — Construction Contractor License Number

_____ _____
Mailing Address — License Expiration Date

_____ _____
City/State/Zip Code — Date Employment Began
(effective date of assignment)

I certify that the information in this document is true and correct to the best of my knowledge.

_____
Signature of Administrator

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

_____
Notary Public
My Commission Expires: _____