

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

CERTIFICATION OF PERSONAL SUPERVISION

Sec. 08.40.400. Personal supervision. A person licensed under AS 08.40.210 B AS 08.40.490 as a mechanical administrator who is responsible for the installation or modification of mechanical piping and systems, devices, fixtures, equipment, or other mechanical materials, or who is responsible for certifying that the installation or repair complies with applicable mechanical codes, shall personally inspect those materials after installation and modification unless the installation or modification amounts to simple or highly standardized work performed in less than 24 man hours by personnel generally under the supervision of the mechanical administrator.

12 AAC 39.902. SUPERVISION RESPONSIBILITY. (a) A licensed mechanical administrator is responsible for supervising all mechanical work performed under that administrator's license in accordance with AS 08.40.400.

(b) Completion of work conducted under a mechanical administrator's license constitutes certification by the administrator that work performed and materials used conform to applicable codes and standards.

(c) In compliance with AS 08.40.400, a mechanical administrator shall maintain a record of supervised work, on a form provided by the department. The mechanical administrator must sign the certification statement on that form, verifying the administrator's supervision of any work for which the administrator had responsibility or control. A mechanical administrator shall submit the records of supervised work upon request by the department and shall retain the records for a minimum of three years from the date the certification statement is signed.

As authorized by AS 08.40.400 and 12 AAC 39.902, this form must be completed for all work for which you have had responsibility or control and retained for a minimum of three years.

Under penalty of perjury, I hereby certify that I am the holder of Mechanical Administrator License No. _____

assigned to _____
(contractor name)

in the category of (UCIP) (RPHH) (HCPP) (RHVC) (UHVCS) (UR) (CNTL) and that I have personally supervised and
indicate category(ies)

inspected all mechanical installation/repair work performed at the following job sites on the date indicated below:

| JOB SITE | DATES WORK WAS SUPERVISED |
|----------|---------------------------|
| | |
| | |
| | |

ALL MECHANICAL INSTALLATION/REPAIR WORK CONFORMS TO APPLICABLE CODE REQUIREMENTS.

Upon request by the department, this document must be submitted for review.

 Signature Date

 Print or Type Name

 Street or Mailing Address

 City State ZIP Code