

ELECTRICAL AND PLUMBING CERTIFICATE OF FITNESS APPLICATION

State of Alaska DOLWD Mechanical Inspection Section

REQUIRED INFORMATION

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

TYPE OF APPLICATION

All certificates below are issued for two years and have a \$50 nonrefundable application fee as well as a \$200 certificate fee. The certificate fee is not charged until after testing is complete.

<input type="checkbox"/> Plumber Journeyman Requires 8,000 hours of experience verification per 8 AAC 90.130 and 8 AAC 90.890.	<input type="checkbox"/> Electrician Journeyman Requires 8,000 hours of experience verification per 8 AAC 90.160 and 8 AAC 90.890.
<input type="checkbox"/> Plumber Restricted Gas Requires 4,000 hours of experience verification per 8 AAC 90.135 and 8 AAC 90.890.	<input type="checkbox"/> Residential Wireman Requires 4,000 hours of experience verification per 8 AAC 90.164 and 8 AAC 90.890.
<input type="checkbox"/> Plumber Restricted Utility Requires 1,000 hours of experience verification per 8 AAC 90.137 and 8 AAC 90.890.	<input type="checkbox"/> Power Lineman Journeyman Requires 8,000 hours of experience verification per 8 AAC 90.162 and 8 AAC 90.890.

PAYMENT INFORMATION

\$50 nonrefundable application fee and \$200 certificate fee.

Card Type: ☐ AMEX ☐ Visa ☐ Mastercard ☐ Discover

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 an 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

OR

Mail to: **Mechanical Inspection**

1251 Muldoon Road, Suite 113

Attach copies of Experience Verification Forms as indicated above. **Anchorage, AK 99504**

SIGNATURE BLOCK

By signing below, I authorize my card above to be charged for the application and certificate fees 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: _____	Test Date	Score(%)
<input type="checkbox"/> Approved to Test	Initials: _____	Date: _____	_____	_____
<input type="checkbox"/> Issued	Initials: _____	Date: _____	_____	_____
<input type="checkbox"/> Denied	Initials: _____	Date: _____	_____	_____

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

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