EXPERIENCE VERFICIATION FORM

PLUMBING AND ELECTRICAL CODE WORK

State	of Alaska DC	DLWD Me	chanical Inspect	ion Sect	tion			
APPLICANT INFORMATION								
LAST NAME	FIRST NA	ME		MI	MI Current AK COF#			
Notarized verificat	ion of qualified	hours is re	quried for licensing	with the	State o	of Alaska.		
	-		Y EMPLOYER					
SELF VERIFICATION IS NOT								
I certify that I have direct knowledg	that the appli	cant was	employed as (job	title):			under trade	
license#fromf	to wl	nile perfor	ming work in the	state of	f	·		
ELECTRICIAN	Hours			PLUMB			Hours	
Commercial/Industrial			Commercial	/Reside	ntial			
Residential (up to 4-plex)			Water services, sewer, storm					
Linework (subject to NESC)		Gas			ng & appliance			
Classroom Hours		Classroom Hours						
USDOL registered or accredited								
Military/Vocational Hours earned per 8 AAC 90.890(b)			Military/Vocational					
HOURS ABOVE MUST BE WORKE	D DIRECTLY FO	R THE EMP	LOYER BELOW AN	ID IN ACC	CORDA	NCE WITH	I STATE LAWS.	
DO NOT I	NCLUDE MAINT	ENANCE H	OURS AND OTHER	WORK H	IOURS.			
COMPANY NAME								
ADDRESS		CITY				STATE	ZIP	
PRINTED NAME OF REPRESENTATIVE		TITLE		TR	RADE LI	CENSE #	1	
EMAIL		SIGNATURE (NOTARIZED BELOW)					DATE	
PHONE #	By signing this form I certify that I have direct konwledge that the employee							
		by signi	worked the listed			•	. ,	
		VERIFIC	CATION					
NOTARY PUBLIC	This space rese	erved for No	tarial or Union stamp				mit hour in lieu of the	
Signed and sworn before							aining this exemption. sibility for ensuring	
me on the day of				that the applicant has the proper hours or				
,at						-	L approval.	
,		Exemeption claimed per AS 18.62.050(
				□ Te	est con	npleted	test date	
NOTARY PUBLIC				Union O	official N	ame	Score (%)	
					o.a. N			
MY COMMISSION EXPIRES	1			Signatur	re			
	0	FFICE U	SE ONLY					
☐ Hours accepted as submitted			d with modificatior				ot accepted	
Hours worked in Alaska without a current Trainee Certificate of Fitness will be rejected. v.20250828								