RECIPROCAL/PROVISIONAL

APPLICATION FOR ELECTRICAL AND PLUMBING CERTIFICATES OF FITNESS

State of Alaska DOLWD Mechanical Inspection Section

REQUIRED INFORMATION								
AST NAME FIRST NA		AME	ME		MI	МІ		
ADDRESS		CITY				STATE	ZIP	
PHONE NUMBER SSN		EMAİL					DOB	
	TYP	PE OF AP	PLICAT	ΓΙΟΝ				
☐ Reciprocal Electrician Jou		\$250	2 yr		Arrive and a service	611 - 220	O: 1: "!:: ad	
□ Reciprocal Plumber Journ	neyman	\$250 2 yr NOTE: Attach copy of license. Check "Issued Date" and also attach a prior license if this is						
☐ Provisional Electrician Jo	_	\$150 1 yr ² missing.						
	□ Provisional Plumber Journeyman \$150 1 yr*							
*Provisional certificates are issued for up to one year, up to the date of your current license. Not renewable.								
CURRENT LICENSE#	SPECIFIC	C LICENSE N	NAME					
ISSUING JURISDICTION/STATE			DATE	E OF ISSU	JE	EXPIRATION	ON DATE	
□ PROVISIONAL ONLY: I do NOT wish to have this upgraded to a permanent Alaska certificate.								
Provisional applications are subject to review and immediate cancellation if found to be incomplete or fradulent.								
PAYMENT INFORMATION								
\$50 nonfefundable application fee plus \$100 or \$200 card fee.								
Card Type: □ AMEX □	•				cover			
CARD NUMBER		EXPIRES					CV CODE	
CARDHOLDER NAME		EMAIL FOR	R CREDIT	RECEIPT	(Receipts are se	nt by APP@	QCLOVER.COM)	
If you do not wish to pay by card, please print and mail this application with two checks (\$50 application fee and \$100 or \$200 payable to DEPARTMENT OF LABOR. Include this application and required documents.								
Email this form to: MI@ALASKA.GOV	OR	OR Mail to: Mechanical Inspection 1251 Muldoon Road, Suite 113						
Attach copies of license(s) as	ove.			chorage, Ak	•			
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				
Please allow 7-10 busin	•	•	•					
MI@ALASKA.GOV. If you do not receive it, please check your spam folder prior to calling.								
OFFICE USE ONLY								
Received	by:	_ Date:						
	ials:	_ Date:						
☐ Denied Initia	ials:	_ Date:_						