



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

EAD

FOR DIVISION USE ONLY

Electrical Administrators Program

PO Box 110806, Juneau, AK 99811-0806

Website: ProfessionalLicense.Alaska.Gov/ElectricalAdministrators

Change of Employer/Affiliation Form

Within 15 days after a change of employment or company affiliation, you must notify the division in writing. Complete this form including the notary signature page and return the form to the division.

PART I Administrator Information

Administrator Name:		Alaska License Number:	
Mailing Address:	P.O. Box or Street	City	State Zip
Contact Phone:			
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
Email Address:		Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>			

PART II Previous Assignment

<input type="checkbox"/> I am currently unassigned (<i>Skip to Part III</i>)			
Construction Company or Other Entity Name:			
Construction Contractor License Number:			
Mailing Address:	P.O. Box or Street	City	State Zip
Date Employment Ended:			

PART III NEW Assignment

Construction Company or Other Entity Name:			
Construction Contractor License Number:		License Expiration Date:	
Mailing Address:	P.O. Box or Street	City	State Zip
Date Employment Began: (effective date of assignment)			



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Notary Signature Page

Administrator Name:		
Alaska License Number (if known):		<input type="checkbox"/> <i>Application in Process</i>

PART IV Notarized Signature

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	Administrator Printed Name:			
	Administrator Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	