



THE STATE
of **ALASKA**

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

MEC

FOR DIVISION USE ONLY

Mechanical Administrators Program

PO Box 110806, Juneau, AK 99811-0806

Website: ProfessionalLicense.Alaska.Gov/MechanicalAdministrators

Mechanical Administrator - Additional Category Application

Faxed or emailed applications will not be accepted.

PART I License Category	
Alaska License Number:	
Adding Category by:	<input type="checkbox"/> Examination <input type="checkbox"/> Credentials
Category:	<input type="checkbox"/> Heating, Cooling & Process Piping (HCPP) <input type="checkbox"/> Unlimited HVAC/Sheet Metal (UHVCS) <input type="checkbox"/> Residential HVAC (RHVC) <input type="checkbox"/> Unlimited Refrigeration (UR) <input type="checkbox"/> Mechanical Systems Temperature Control (CNTL) <input type="checkbox"/> Residential Plumbing and Hydronic Heating (RPHH) <input type="checkbox"/> Unlimited Commercial and Industrial Plumbing (UCIP)

PART II Payment of Fees	
Required Fees:	<input type="checkbox"/> Application Fee (\$150 is Non-Refundable) \$150.00

PART III Personal Information	
Full Legal Name:	
Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s). <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other Names Used: _____	
Mailing Address:	P.O. Box or Street City State Zip
Contact Phone:	Date of Birth:
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
Note: If both boxes are selected above, you will receive correspondence electronically.	
SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.	

PART IV Examination History

List any state(s) and date(s) in which you passed or failed a mechanical administrator's exam. All exam verifications must come from the state.

State	Administered By	Date Administered	Result
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail

PART V Recent Employment

Describe, in detail, job related experiences (daily responsibilities, notable projects, relevant skills, etc.) obtained in the category (or categories) for which you are applying. Note that a year of experience means that within a 12-consecutive-month period you worked in a required field or position for at least 1,500 hours (12 AAC 32.930). List your most recent experience first.

Include additional pages, if needed. A resume may be submitted in lieu of Part X as long as it contains all the requested information stated below.

Employer Name:		Contractor License Number: (If Alaska Contractor)	
Mailing Address:	P.O. Box or Street	City	State Zip
Employment Start Date:		Employment End Date:	Hours Worked Per Week:
Position Held:	<input type="checkbox"/> Journeyman <input type="checkbox"/> Foreman <input type="checkbox"/> Supervisor <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____		
Description of Duties:			

Employer Name:		Contractor License Number: (If Alaska Contractor)	
Mailing Address:	P.O. Box or Street	City	State Zip
Employment Start Date:		Employment End Date:	Hours Worked Per Week:
Position Held:	<input type="checkbox"/> Journeyman <input type="checkbox"/> Foreman <input type="checkbox"/> Supervisor <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____		
Description of Duties:			

PART V Recent Employment (continued)

Employer Name:			Contractor License Number: (If Alaska Contractor)	
Mailing Address:	P.O. Box or Street	City	State	Zip
Employment Start Date:		Employment End Date:		Hours Worked Per Week:
Position Held:	<input type="checkbox"/> Journeyman <input type="checkbox"/> Foreman <input type="checkbox"/> Supervisor <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____			
Description of Duties:				

PART VI Applicant Experience and Qualifications

Check all that apply:

1. Heating Cooling, and Process Piping (HCPP) - 12 AAC 39.222

I certify that I'm qualified to be licensed as a mechanical administrator in this category based on (mark one or more of the following, as applicable):

a. Practical experience as a journeyman in heating, cooling, and process piping work.

From Date:		To Date:		Total Number of Months:	
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b. Construction management experience in heating, cooling, and process piping as a field superintendent or similar position.

From Date:		To Date:		Total Number of Months:	
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c. A registration in the State of Alaska as a professional mechanical engineer plus management experience in the mechanical contracting industry as a field engineer or similar engineering position.

From Date:		To Date:		Total Number of Months:	
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d. A degree in mechanical engineering from a nationally or regionally accredited college or university plus practical experience as a journeyman pipefitter or field engineer in heating, cooling, and process piping.

From Date:		To Date:		Total Number of Months:	
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2. Residential HVAC (RHVC) – 12 AAC 39.322

I certify that I'm qualified to be licensed as a mechanical administrator in this category based on:

a. Practical experience as a journeyman in residential HVAC work as defined in 12 AAC 39.332(b).

From Date:		To Date:		Total Number of Months:	
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PART VI Applicant Experience and Qualifications (continued)

3. Unlimited Refrigeration (UR) - 12 AAC 39.262

I certify that I'm qualified to be licensed as a mechanical administrator in this category based on (mark one or more of the following, as applicable):

- a. Practical experience as a journeyman in refrigeration.

From Date:		To Date:		Total Number of Months:	
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- b. Being a graduate of a college, university, or trade school in refrigeration that is accredited regionally or nationally or approved by the Alaska Commission on Postsecondary Education.

4. Unlimited HVAC/Sheet Metal (UHVCS) - 12 AAC 39.242

I certify that I'm qualified to be licensed as a mechanical administrator in this category based on (mark one or more of the following, as applicable):

- a. Practical experience as a journeyman in HVAC and sheet metal work.

From Date:		To Date:		Total Number of Months:	
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- b. Management experience in HVAC and sheet metal work as a field superintendent or similar position.

From Date:		To Date:		Total Number of Months:	
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- c. A degree in mechanical engineering from a nationally or regionally accredited college or university plus practical experience as a journeyman or field engineer in HVAC and sheet metal work.

From Date:		To Date:		Total Number of Months:	
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- d. A registration in the State of Alaska as a professional mechanical engineer plus management experience in the mechanical contracting industry as a field engineer or similar engineering position.

From Date:		To Date:		Total Number of Months:	
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5. Mechanical Systems Temperature Control (CNTL) - 12 AAC 39.282

I certify that I'm qualified to be licensed as a mechanical administrator in this category based on (mark one or more of the following, as applicable):

- a. Practical experience as a journeyman in mechanical systems temperature control work.

From Date:		To Date:		Total Number of Months:	
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- b. Management experience in mechanical systems temperature control work as a field superintendent or similar position.

From Date:		To Date:		Total Number of Months:	
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- c. A degree in mechanical engineering or mechanical systems temperature control from a nationally or regionally accredited college or university.

From Date:		To Date:		Total Number of Months:	
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6. Residential Plumbing and Hydronic Heating (RPHH) - 12 AAC 39.302

I certify that I'm qualified to be licensed as a mechanical administrator in this category based on:

- a. Practical experience as a journeyman in residential plumbing and hydronic heating work.

From Date:		To Date:		Total Number of Months:	
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PART VI Applicant Experience and Qualifications (continued)

7. Unlimited Commercial and Industrial Plumbing (UCIP) - 12 AAC 39.202

I certify that I'm qualified to be licensed as a mechanical administrator in this category based on (mark one or more of the following, as applicable):

- a. Practical experience as a journeyman plumber.

From Date:		To Date:		Total Number of Months:	
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- b. Management experience in plumbing work as a field superintendent or similar position.

From Date:		To Date:		Total Number of Months:	
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- c. A degree in mechanical engineering from a nationally or regionally accredited college or university plus practical experience as a journeyman plumber or field engineer.

From Date:		To Date:		Total Number of Months:	
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- d. A registration in the State of Alaska as a professional mechanical engineer plus management experience in the mechanical contracting industry as a field engineer or in a similar engineering position.

From Date:		To Date:		Total Number of Months:	
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PART VII Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an **explanation and documentation**. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

When in doubt about your response, disclose and provide the required explanation and documents. Applications submitted without the required attachments will be considered incomplete and will not be processed.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.

When in doubt, disclose and explain.

1. Has your professional license ever been denied, revoked, suspended, surrendered, stipulated, on probation, or been subject to any other restriction or disciplinary action in any jurisdiction? Yes No

2. Have you ever been found guilty of misconduct, dishonesty, fraud, incompetence, and/or gross negligence in the practice for which you are applying? Yes No

"Yes" Answers

If you answered "yes" to either of the above questions, you must submit signed and dated documentation explaining the specific circumstance(s) of the incident(s).

PART VIII Alaska Law

- I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.40 and 12 AAC 39).



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PO Box 110806, Juneau, AK 99811-0806

Website: ProfessionalLicense.Alaska.Gov/MechanicalAdministrators

Signature Page

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

PART IX Agreement

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, certificate, 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.

Applicant Signature:		Date Signed:	
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Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: License@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov

Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “yes” answers. A “yes” answer is not necessarily disqualifying but concealing one may be.

Each “yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.



Write the professional fitness question number you are answering “yes” to in the box.

Location of Incident:		Date of Incident:	
Explanation of Incident: When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

Did you attach all applicable documents associated with this incident?

- Court Orders
 Consent Agreements
 Disciplinary Actions
 Charging Documents
 Court Records
 Fitness to Practice
 All Other Documentation Related to This Incident
 I have additional incidents for this “yes” answer, or “yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:		Program:	
Signature:		Date Signed:	



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ADM

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State of Alaska
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
I wish to make payment by credit card for the following (check all that apply):			AMOUNT
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
			TOTAL:

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		<p>All 3 fields MUST be completed.</p> <p>This section will be destroyed after the payment is processed.</p>
2. Expiration Date:		
3. Security Code:		