



# APPLICATION FOR CERTIFICATE OF FITNESS

Alaska Department of Labor & Workforce Development

Mechanical Inspection

3301 Eagle Street #302

Anchorage, AK 99503-4149

Anchorage Fax Number (907) 269-4932

Anchorage (907) 269-4925

Sitka (907) 747-6380

Fairbanks (907) 451-2894

Juneau (907) 465-4871

APPLICANT INFORMATION	
Driver's License Number	Certificate of Fitness Number (office use only)
Name (Last, First, MI)	Date of Birth (month, day, year)      Phone Number
Mailing Address	Social Security Number
City /State/Zip	Weight / Height (Feet, Inches)

TYPE OF APPLICATION (CHOOSE ONE)	
Initial / Renewal	Training Provider's Information
<input type="checkbox"/> <input type="checkbox"/> Asbestos Abatement      \$ 50-1yr Lic.	Co. Name
<input type="checkbox"/> <input type="checkbox"/> Hazardous Paint Handlers      \$100-3yr Lic.	Location
<input type="checkbox"/> Explosive Handler *      \$100-3yr Lic.	Course Date(s)
Duplicate	ALL DUPLICATES - \$25.00
<input type="checkbox"/> Asbestos Abatement	<input type="checkbox"/> Hazardous Paint Handlers <input type="checkbox"/> Explosive Handler
Current COF Expiration Date    /    /	

\* All Explosive Handler's are required to submit original Any Persons report.  
 \* Initial Explosive Handler's are required to submit a different application and must pass state required exam.

PREVIOUS LICENSES	
Do you now hold, or have you ever held an equivalent license in any other state, borough, parish, Municipality or other political subdivision?    YES or NO	Did you obtain this license by testing?    YES or NO
License Type	License Number

LOCATION OF TESTING FOR EXPLOSIVE HANDLERS ONLY
Exams are primarily done in the Anchorage office. If you wish to take an exam in an area of Alaska other than Anchorage, please indicate where: _____ . Contact the Anchorage office (907) 269-4925 to schedule the exam. (Allow at least 2 weeks)

SIGNATURE BLOCK
Therefore, I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION SUPPLIED IS TRUE AND ACCURATE. (AS 09.065.012) I have read this application and understand the statement herein.
Date _____ City _____ Signature _____

IF A DISAPPROVED OR PENDING APPLICATION HAS NO ACTION FOR ONE YEAR, REGARDLESS OF THE REASON, THE FILE WILL BE DESTROYED AND THE APPLICANT MUST REAPPLY AND PAY FEES.

**ALL APPLICATIONS MUST BE COMPLETED, SIGNED AND DATED**

**INSTRUCTIONS FOR STATE OF ALASKA  
CERTIFICATE OF FITNESS**

**ASBESTOS ABATEMENT CERTIFICATE OF FITNESS      LICENSE FEE:    \$50.00 Initial /Renewal 1 year license**

**Asbestos Abatement** requires forty (40) hours initial training and eight (8) hours of renewal training. Contact a state approved Asbestos Abatement training provider for dates and times of classes. Once you have completed the training you must complete, sign, date an application and pay the required license fee at the Anchorage Mechanical Inspection office, or mail it to: DOL/Mechanical Inspection 3301 Eagle Street Ste. 302, Anchorage, Alaska 99503-4149. If an application is mailed **you must enclose a head and shoulders photo of yourself (Photo must be at least 2"x 2" in size) Polaroid photos are acceptable. Photo must have applicant's name on it.** All applications are approved in the Anchorage office.

**WORK MAY NOT BE PERFORMED WITH AN EXPIRED LICENSE**

**Grace Period:** Card holders may take the renewal class ten (10) months prior and up to one (1) year after your license has expired. If your license has expired more than one (1) year, applicants are required to retake the initial forty (40) hours of training. If payment is not received in the DOL office within 45 calendar days from the last date of training, applicants are required to retake the initial forty (40) hours (only if previous license is expired over a year) **or** eight (8) hours of refresher training (only if previous license has not been expired for more than one year).

**\*\*THE LICENSE EXPIRATION DATE WILL ALWAYS REMAIN THE SAME AS YOUR INITIAL TRAINING DATE.  
ONLY THE YEAR WILL CHANGE!!**

**HAZARDOUS PAINT HANDLERS CERTIFICATE OF FITNESS / LICENSE FEE:    \$100.00 Initial / Renewal 3 year license**

**Hazardous Paint Handlers** requires sixteen (16) hours of initial training and eight (8) hours of renewal training. Contact a Hazardous Paint training provider for dates and times of classes. Once you have completed the training, you must complete, sign, date an application and pay the required license fee at the Anchorage Mechanical Inspection office; or mail it to: DOL/Mechanical Inspection 3301 Eagle Street Ste. 302, Anchorage, Alaska 99503-4149. If application is mailed, **you must enclose a head and shoulders photo of yourself (Photo must be at least 2"x 2" in size) Polaroid photos are acceptable. Photo must have applicant's name on it.** All applications are approved in the Anchorage office.

**WORK MAY NOT BE PERFORMED WITH AN EXPIRED LICENSE**

**Grace Period:** Card holders may take the renewal class ten (10) months prior and up to one (1) year after your license has expired. If your license has expired more than one (1) year, applicants are required to retake the initial forty (40) hours of training. If payment is not received in the DOL office within 45 calendar days from the last date of training, applicants are required to retake the initial forty (40) hours (only if previous license is expired over a year) **or** eight (8) hours of refresher training (only if previous license has not been expired for more than one year).

**\*\*THE LICENSE EXPIRATION DATE WILL ALWAYS REMAIN THE SAME AS YOUR INITIAL TRAINING DATE.  
ONLY THE YEAR WILL CHANGE!!**

**EXPLOSIVES HANDLERS CERTIFICATE OF FITNESS      LICENSE FEE:    \$100.00 Initial / Renewal 3 year license**

**Explosive Handlers (Initial)** – requires an application to be completed, signed, and dated; an any/interested persons report (state required background check); a notarized employment verification form showing a minimum of six (6) months experience as a driller, chucktender or powderman's helper (**DO NOT INCLUDE MILITARY ORDINANCE WORK**); pay the required fee of \$100.00; a head and shoulder photo (at least 2" x 2" in size); and pass the state required exam with a 75% or higher. To schedule an exam, you may contact the Anchorage Mechanical Inspections office at (907)–269-4925 two weeks prior to when you would like to test. Exams may also be taken in other selected Alaskan communities.

**Renewal:** You must complete, sign, date and submit your renewal application, any/interested persons report and required fees to the Anchorage Mechanical Inspections office. Mail-ins sent to DOL/Mechanical Inspection 3301 Eagle Street Suite. 302, Anchorage Alaska 99503-4149. All mail-ins **must enclose a head and shoulders photo of yourself . (Photo at least 2"x 2" in size) Polaroid photos are acceptable. Photo must have applicant's name on it.** All applications are approved in Anchorage.

**WORK MAY NOT BE PERFORMED WITH AN EXPIRED LICENSE**

**Grace Period:** Cardholders have thirty (30) calendar days after license expires to complete, sign, date a renewal application and submit the required fees. If DOL/MI does not receive fees & required documentation within the allotted timeframe; applicants are required to re-take the exam.

**\*\*THE LICENSE EXPIRATION DATE WILL ALWAYS REMAIN THE SAME AS YOUR INITIAL LICENSE DATE.  
ONLY THE YEAR WILL CHANGE!!**



# EXPLOSIVE HANDLERS APPLICATION

Alaska Department of Labor & Workforce Development  
3301 Eagle Street # 302, Anchorage, Alaska 99503-4149  
Anchorage (907) 269-4925 Juneau (907)465-4871 Sitka (907)747-6380  
Fairbanks (907) 451-2894

## INITIAL EXPLOSIVE HANDLERS APPLICATION \$100.00 FEE – 3 YEARS

Driver's License Number	Certificate of Fitness Number (office use only)	
Name (Last, First, MI)	Date of Birth (month, day, year)	Phone Number
Mailing Address	Social Security Number	
City /State/Zip	Weight / Height (Feet, Inches)	

US Citizen YES / NO If naturalized, give date and place \_\_\_\_\_  
 If not, state nationality \_\_\_\_\_  
 Are you addicted to narcotics, intoxicants or similar drugs? Yes or No  
 Do you have any disabilities? Yes or No , Please explain, \_\_\_\_\_

Have you ever been refused an Explosive Handler's license or certificate in any state or jurisdiction, or had one revoked? Yes or No

Alaska Statutes require at least six months experience working with a Licensed Explosive Handler as a Chucktender, Driller, or Powder Handler's Helper, in order to qualify for the Certificate of Fitness. List below the employment during which you obtained the experience. **DO NOT INCLUDE MILITARY ORDINANCE WORK.**

**NOTE: THIS INFORMATION WILL BE VERIFIED, GIVE ACCURATE ADDRESSES.**

Date of Employment	Position Held	Employer's Name and Address

**FELONY CONVICTIONS:** Federal Regulations [G Chapter 40 section 842 (I) (1)] prohibits anyone who is under indictment, or has been convicted of a felony from receiving, obtaining, or using explosives. If you have been convicted of a felony read the following information.

The Alaska Department of Labor will process your application for an Explosive Handler's certificate of fitness when you can show proof you have been granted relief from disability by the Bureau of Alcohol, Tobacco and Firearms. You may apply for relief from disability at the US Treasury Department, 222 W, 7th Ave. Box 39, Anchorage, Alaska 99513.

If you have not been convicted of a felony, read and sign the following statement.

I AM NOT UNDER INDICTMENT FOR, NOR HAVE I EVER BEEN CONVICTED OF A FELONY.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Revocation of Certificate of Fitness: The Department may revoke a certificate for cause. Cause includes furnishing false information to the Department in any manner relating to the use of explosives.

I AUTHORIZE THE DEPARTMENT OF LABOR TO INVESTIGATE MY EMPLOYMENT AND PERSONAL HISTORY.  
 I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**EXPERIENCE VERIFICATION FORM**  
**Alaska Department of Labor & Workforce Development**  
**Mechanical Inspection**  
3301 Eagle Street, Suite 302  
Anchorage, Alaska 99503-4149  
Phone (907) 269-4925 FAX (907) 269-4932

**VERIFIER / APPLICANT INFORMATION**

To: (Employer)	For: (Applicant) Last, First, MI
	Social Security Number:

Notarized verification of qualifications is required for licensing with the State of Alaska. Your prompt return of this form to the applicant, filled out completely, will expedite the disposition of his or her application. Thank you for your assistance.

**VERIFICATION OF EXPERIENCE**

**SELF-VERIFICATION IS NOT ACCEPTABLE**

I certify I have personally known the applicant from (date) \_\_\_\_\_ to (date) \_\_\_\_\_ and have direct knowledge that the applicant was employed as follows(job title): \_\_\_\_\_

*I certify that the foregoing statements are true and correct.*

Signature of Employer \_\_\_\_\_, Firm Name \_\_\_\_\_  
Address \_\_\_\_\_, City/State \_\_\_\_\_, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

**The verifier must complete the bottom of the verification form detailing the applicant's number of months/years performed in the category applicant is applying for.**

**APPLICANT'S MONTHS/YEARS OF EXPERIENCE**

Chucktender
Powderman's Helper
Drilling

Does the applicant have any mental or physical disability or handicaps that could affect his/her safe handling and use of explosives?  
Yes or No If yes, please explain.

**NOTARY PUBLIC**

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_  
Notary Public \_\_\_\_\_  
My Commission Expires \_\_\_\_\_  
**This space reserved for Notarial stamp**