



THE STATE
of

ALASKA

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

Board of Registration for Architects, Engineers and Land Surveyors

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: AELSBoard@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfArchitectsEngineersAndLandSurveyors

Amendment of Alaska Certificate of Authorization for Corporate, Limited Liability Company (LLC), Limited Liability Partnership (LLP), or Limited Partnership (LP) Practice of Architecture, Engineering, Land Surveying, or Landscape Architecture Application Instructions

Complete form #08-4409 when you already have a Certificate of Authorization, and you have made changes in:

- Your corporate name
- The person(s) designated in responsible charge
- Added endorsements for field(s) of practice
- Altered ownership of the corporation/ the membership of the limited liability company/ or the partners of the limited liability partnership.

You must amend your corporate authorization within 30 days of the effective date of the change. Fill out the amendment application, include the \$75.00 fee, and provide all required documents.

DOCUMENTS REQUIRED IF YOU HAVE A CHANGE IN CORPORATE, LLC, LLP, OR LP NAME:

- Copy of certificate from the Corporations section of the Division of Corporations, Business and Professional Licensing showing the new corporate, LLC, LLP, or LP name.
- Certified NOTARIZED copy of the corporate board of directors, the managing members or manager of the LLC, the general partners of the LLP, or the general partners of the LP's resolution to change the name.

DOCUMENTS REQUIRED IF YOU HAVE A CHANGE IN PERSON(S) DESIGNATED IN RESPONSIBLE CHARGE:

- Certified NOTARIZED copy of the corporate board of directors, the managing members or manager of the LLC, the general partners of the LLP, or the general partners of the LP's resolution designating the current Alaska-registered professional in responsible charge for each branch of practice. (#08-4409a)
- Certified statement from person(s) designated as being in responsible charge. (#08-4409f)

DOCUMENTS REQUIRED IF YOU HAVE A CHANGE IN FIELD(S) OF PRACTICE:

- Certified NOTARIZED copy of the amendment to the corporate bylaws, the LLC's articles or organization or operating agreement, the LLP's or LP's partnership agreement indicating each field in which the corporation, LLC, LLP, or LP wishes to practice. (#08-4409b, #08-4409c, #08-4409d, #08-4409e)
- Certified NOTARIZED copy of the corporate board of directors' resolution, the managing members or manager of the LLC, the general partners of the LLP, or the general partners of the LP's resolution designating the current Alaska-registered professional in charge for each branch of practice. (#08-4409a)

DOCUMENTS REQUIRED IF YOU HAVE A CHANGE IN OWNERSHIP OF THE CORPORATION, LLC, LLP, OR LP:

- Signed, completed Application for Amendment for Certificate of Authorization for Corporate, LLC, LLP, or LP Practice, listing the new owner, membership, or partners, as applicable.

General Information

APPLICATION PROCESSING:

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the registration may be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

REGISTRATION TERM:

Registrations are issued for a two-year period and expire on December 31 of odd-numbered years, regardless of the date of issuance, except registrations issued within 90 days of the expiration date which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before registration expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a registrant from the responsibility of renewing a registration on time.

PROFESSIONAL FITNESS QUESTIONS:

A “yes” response in the application does not mean your application will be denied. If you have responded “yes” to any professional fitness questions, submit an explanation with the charging and closing court documentation (e.g. court records, fitness letters, etc.).

DENIAL OF APPLICATION:

Be aware that the denial of an application for licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications. The name appearing on the registration must be your current legal name.

CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a “certified true copy of the original document”. To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

PUBLIC INFORMATION:

All information on the application form will be available as a public record, unless required to be kept confidential by state or federal law.

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*.

STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*.



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

AELS

FOR DIVISION USE ONLY

Board of Registration for Architects, Engineers and Land Surveyors

PO Box 110806, Juneau, AK 99811-0806

Website: ProfessionalLicense.Alaska.Gov/BoardOfArchitectsEngineersAndLandSurveyors

Certificate of Authorization for Corporate, Limited Liability Company (LLC), Limited Liability Partnership (LLP), or Limited Partnership (LP) Practice of Architecture, Engineering, Land Surveying, or Landscape Architecture Application

PART I Application Type

Amendment Type:

- | | |
|---|---|
| <input type="checkbox"/> Change in Name | <input type="checkbox"/> Change in Person(s) Designated in Responsible Charge |
| <input type="checkbox"/> Change in Field(s) of Practice | <input type="checkbox"/> Change in Ownership |

PART II Payment of Fees

Required Fees:

☐ Amendment Fee

\$75.00

PART III Contact Information

Name of Corporation, LLC, LLP, or LP:

Authorization Number:

Mailing Address:

P.O. Box or Street

City

State

Zip

Name of Contact Person:

Title:

Contact Email Address:

Contact Phone:

PART IV Majority Stockholders

List the name(s) of all majority stockholders. *Attach a separate sheet, if necessary.*

PART V **Fields of Practice**

Check all fields of Corporate, LLC, LLP, or LP practice below.

<input type="checkbox"/> Architecture	<input type="checkbox"/> Land Surveying
<input type="checkbox"/> Agricultural Engineering	<input type="checkbox"/> Landscape Architecture
<input type="checkbox"/> Chemical Engineering	<input type="checkbox"/> Mechanical Engineering
<input type="checkbox"/> Civil Engineering	<input type="checkbox"/> Metallurgical and Materials Engineering
<input type="checkbox"/> Control Systems Engineering	<input type="checkbox"/> Mining and Mineral Processing Engineering
<input type="checkbox"/> Electrical Engineering	<input type="checkbox"/> Naval Architecture and Marine Engineering
<input type="checkbox"/> Environmental Engineering	<input type="checkbox"/> Nuclear Engineering
<input type="checkbox"/> Fire Protection Engineering	<input type="checkbox"/> Petroleum Engineering
<input type="checkbox"/> Industrial Engineering	<input type="checkbox"/> Structural Engineering

PART VI **Person(s) in Responsible Charge**Designation of person(s) in responsible charge. *Attach separate list, if necessary.*

Name	Field of Practice	Alaska Registration Number

PART VII Professional Fitness Questions

The following question must be answered. A “yes” answer may not automatically result in registration 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.

Since the date of your last renewal or amendment, has the corporation, LLC, LLP, or LP or any of the person(s) designated in responsible charge or any principles of the corporation, LLC, LLP, or LP been found guilty of misconduct, dishonesty, fraud, incompetence, and/or gross negligence in the practice of architecture, engineering, land surveying, landscape architecture or had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or has the corporation, LLC, LLP, or LP or any of the person(s) designated responsible charge or any principles of the corporation, LLC, LLP, or LP surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?

☐ Yes ☐ No

"Yes" Answers

If you answered “yes” to the above question, 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 08.48 and 12 AAC 36).



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AELS

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Website: ProfessionalLicense.Alaska.Gov/BoardOfArchitectsEngineersAndLandSurveyors

Signature Page

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

PART IX Agreement

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

I understand 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, registration, certificate, or permit to practice in the state of Alaska.

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

Contact Person Printed Name:		Title:	
Contact Person Signature:		Date Signed:	



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Resolution

Corporation, LLC, LLP
or LP Name:

Be it resolved by the above mentioned corporation's board of directors, the LLC's managing members or manager, the LLP's general partners, or the LP's general partner(s) that the person(s) in responsible charge for the field of practice(s) as indicated below has full authority to make all final decisions with respect to the field of practice(s) indicated for the above mentioned corporation, LLC, LLP, or LP in the State of Alaska.

Field(s) of Practice	Person in Responsible Charge	Registration Number
<input type="checkbox"/> Architecture		
<input type="checkbox"/> Agricultural Engineering		
<input type="checkbox"/> Chemical Engineering		
<input type="checkbox"/> Civil Engineering		
<input type="checkbox"/> Control Systems Engineering		
<input type="checkbox"/> Electrical Engineering		
<input type="checkbox"/> Environmental Engineering		
<input type="checkbox"/> Fire Protection Engineering		
<input type="checkbox"/> Industrial Engineering		
<input type="checkbox"/> Land Surveying		
<input type="checkbox"/> Landscape Architecture		
<input type="checkbox"/> Mechanical Engineering		
<input type="checkbox"/> Metallurgical and Materials Engineering		
<input type="checkbox"/> Mining and Mineral Processing Engineering		
<input type="checkbox"/> Naval Architecture and Marine Engineering		

Field(s) of Practice		Person in Responsible Charge	Registration Number
<input type="checkbox"/>	Nuclear Engineering		
<input type="checkbox"/>	Petroleum Engineering		
<input type="checkbox"/>	Structural Engineering		
<div style="border: 1px dashed black; padding: 5px; width: 150px;"> Corporate, LLC, LLP or LP Seal </div>	President or Other Authorized Officer Printed Name:		
	President or Other Authorized Officer Signature:		
	Date Signed:		

Certification of Resolution

City and Borough (or County):		State:	
Authorized Officer Name:		Title:	
Corporation, LLC, LLP or LP Name:		Date Resolution was Adopted:	
<p>I, the aforementioned authorized officer with the title listed above, being first duly sworn according to law, depose and say:</p> <p>The foregoing is a complete, true, and correct copy of a resolution adopted by the above-mentioned corporation's board of directors, the LLC's managing members or manager, the LLP's general partners, or the LP's general partner(s) on the date listed above.</p> <p>Said meeting was called and held in accordance with the bylaws of said corporation, the articles of organization or operating agreement of said LLC, the general partners of said LLP, or the general partners of said LP, and a quorum was present at all times.</p>			
<div style="border: 1px dashed black; padding: 5px; width: 150px;"> Notary Stamp </div>	Authorized Officer Signature:		Title:
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:
	Notary Signature:		My Commission Expires:



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Amendment to Bylaws

AMENDMENT TO BYLAWS OF

The bylaws of

are hereby amended to include as an addition the following:

ARTICLE

The corporation shall at all times maintain a currently registered individual who shall be designated in responsible charge of all fields of practice performed by the corporation as indicated below. Such Alaska registrants shall have full authority with regard to all professional decisions and projects in their respective fields and/or branches.

Indicate all fields of practice below:

- | | |
|--|--|
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Land Surveying |
| <input type="checkbox"/> Agricultural Engineering | <input type="checkbox"/> Landscape Architecture |
| <input type="checkbox"/> Chemical Engineering | <input type="checkbox"/> Mechanical Engineering |
| <input type="checkbox"/> Civil Engineering | <input type="checkbox"/> Metallurgical and Materials Engineering |
| <input type="checkbox"/> Control Systems Engineering | <input type="checkbox"/> Mining and Mineral Processing Engineering |
| <input type="checkbox"/> Electrical Engineering | <input type="checkbox"/> Naval Architecture and Marine Engineering |
| <input type="checkbox"/> Environmental Engineering | <input type="checkbox"/> Nuclear Engineering |
| <input type="checkbox"/> Fire Protection Engineering | <input type="checkbox"/> Petroleum Engineering |
| <input type="checkbox"/> Industrial Engineering | <input type="checkbox"/> Structural Engineering |

Corporate Seal

**President or Other Authorized
Officer Printed Name:**

**President or Other Authorized
Officer Signature:**

Date Signed:

Certification of Amendment to Bylaws

City and Borough (or County):		State:	
Authorized Officer Name:		Title:	
Corporation Name:		Date Amendment was Adopted:	
<p>I, the aforementioned authorized officer with the title listed above, being first duly sworn according to law, depose and say: The foregoing is a complete, true, and correct copy of an amendment to bylaws adopted by the director of the above-mentioned corporation on the date listed above. Said meeting was called and held in accordance with the bylaws of said corporation and a quorum was present at all times.</p>			
<div style="border: 1px dashed black; padding: 10px; width: 150px; height: 100px; margin: 0 auto;"> Notary Stamp </div>	Authorized Officer Signature:		Title:
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:
	Notary Signature:		My Commission Expires:



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Amendment to Articles of Organization or Operating Agreement

AMENDMENT TO

OF

The

of

is/are hereby amended to include as an addition the following:

ARTICLE

The LLC shall at all times maintain a currently registered individual who shall be designated in responsible charge of all fields of practice performed by the LLC as indicated below. Such Alaska registrants shall have full authority with regard to all professional decisions and projects in their respective fields and/or branches.

Indicate all fields of practice below:

- | | |
|--|--|
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Land Surveying |
| <input type="checkbox"/> Agricultural Engineering | <input type="checkbox"/> Landscape Architecture |
| <input type="checkbox"/> Chemical Engineering | <input type="checkbox"/> Mechanical Engineering |
| <input type="checkbox"/> Civil Engineering | <input type="checkbox"/> Metallurgical and Materials Engineering |
| <input type="checkbox"/> Control Systems Engineering | <input type="checkbox"/> Mining and Mineral Processing Engineering |
| <input type="checkbox"/> Electrical Engineering | <input type="checkbox"/> Naval Architecture and Marine Engineering |
| <input type="checkbox"/> Environmental Engineering | <input type="checkbox"/> Nuclear Engineering |
| <input type="checkbox"/> Fire Protection Engineering | <input type="checkbox"/> Petroleum Engineering |
| <input type="checkbox"/> Industrial Engineering | <input type="checkbox"/> Structural Engineering |

LLC Seal

**President or Other Authorized
Officer Printed Name:**

**President or Other Authorized
Officer Signature:**

Date Signed:

Certification of Amendment to Articles of Organization or Operating Agreement

City and Borough (or County):		State:	
Authorized Officer Name:		Title:	
LLC Name:		Date Amendment was Adopted:	
<p>I, the aforementioned authorized officer with the title listed above, being first duly sworn according to law, depose and say:</p> <p>The foregoing is a complete, true, and correct copy of an amendment to the articles of organization or operating agreement adopted by the managing members or manager of the above-mentioned LLC on the date listed above.</p> <p>Said meeting was called and held in accordance with the articles of organization or operating agreement of said LLC and a quorum was present at all times.</p>			
<div style="border: 1px dashed black; padding: 10px; text-align: center;">Notary Stamp</div>	Authorized Officer Signature:		Title:
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:
	Notary Signature:		My Commission Expires:



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Amendment to Partnership Agreement of the LLP

AMENDMENT TO PARTNERSHIP AGREEMENT OF

The partnership agreement of

is hereby amended to include as an addition the following:

ARTICLE

The LLP shall at all times maintain a currently registered individual who shall be designated in responsible charge of all fields of practice performed by the LLP as indicated below. Such Alaska registrants shall have full authority with regard to all professional decisions and projects in their respective fields and/or branches.

Indicate all fields of practice below:

- | | |
|--|--|
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Land Surveying |
| <input type="checkbox"/> Agricultural Engineering | <input type="checkbox"/> Landscape Architecture |
| <input type="checkbox"/> Chemical Engineering | <input type="checkbox"/> Mechanical Engineering |
| <input type="checkbox"/> Civil Engineering | <input type="checkbox"/> Metallurgical and Materials Engineering |
| <input type="checkbox"/> Control Systems Engineering | <input type="checkbox"/> Mining and Mineral Processing Engineering |
| <input type="checkbox"/> Electrical Engineering | <input type="checkbox"/> Naval Architecture and Marine Engineering |
| <input type="checkbox"/> Environmental Engineering | <input type="checkbox"/> Nuclear Engineering |
| <input type="checkbox"/> Fire Protection Engineering | <input type="checkbox"/> Petroleum Engineering |
| <input type="checkbox"/> Industrial Engineering | <input type="checkbox"/> Structural Engineering |

LLP Seal

**President or Other Authorized
Officer Printed Name:**

**President or Other Authorized
Officer Signature:**

Date Signed:

Certification of Amendment to Partnership Agreement of the LLP

City and Borough (or County):		State:	
Authorized Officer Name:		Title:	
LLP Name:		Date Amendment was Adopted:	
<p>I, the aforementioned authorized officer with the title listed above, being first duly sworn according to law, depose and say:</p> <p>The foregoing is a complete, true, and correct copy of an amendment to the partnership agreement adopted by the managing partners of the above-mentioned LLP on the date listed above.</p> <p>Said meeting was called and held in accordance with the partnership agreement of said LLP and a quorum was present at all times.</p>			
<div style="border: 1px dashed black; padding: 10px; text-align: center;">Notary Stamp</div>	Authorized Officer Signature:		Title:
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:
	Notary Signature:		My Commission Expires:



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Amendment to Partnership Agreement of the LP

AMENDMENT TO PARTNERSHIP AGREEMENT OF

The partnership agreement of _____ is hereby amended to include as an addition the following:

ARTICLE

The LP shall at all times maintain a currently registered individual who shall be designated in responsible charge of all fields of practice performed by the LP as indicated below. Such Alaska registrants shall have full authority with regard to all professional decisions and projects in their respective fields and/or branches.

Indicate all fields of practice below:

- | | |
|--|--|
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Land Surveying |
| <input type="checkbox"/> Agricultural Engineering | <input type="checkbox"/> Landscape Architecture |
| <input type="checkbox"/> Chemical Engineering | <input type="checkbox"/> Mechanical Engineering |
| <input type="checkbox"/> Civil Engineering | <input type="checkbox"/> Metallurgical and Materials Engineering |
| <input type="checkbox"/> Control Systems Engineering | <input type="checkbox"/> Mining and Mineral Processing Engineering |
| <input type="checkbox"/> Electrical Engineering | <input type="checkbox"/> Naval Architecture and Marine Engineering |
| <input type="checkbox"/> Environmental Engineering | <input type="checkbox"/> Nuclear Engineering |
| <input type="checkbox"/> Fire Protection Engineering | <input type="checkbox"/> Petroleum Engineering |
| <input type="checkbox"/> Industrial Engineering | <input type="checkbox"/> Structural Engineering |

LP Seal

**President or Other Authorized
Officer Printed Name:**

**President or Other Authorized
Officer Signature:**

Date Signed:

Certification of Amendment to Partnership Agreement of the LP

City and Borough (or County):		State:	
Authorized Officer Name:		Title:	
LP Name:		Date Amendment was Adopted:	
<p>I, the aforementioned authorized officer with the title listed above, being first duly sworn according to law, depose and say:</p> <p>The foregoing is a complete, true, and correct copy of an amendment to the partnership agreement adopted by the managing partners of the above-mentioned LP on the date listed above.</p> <p>Said meeting was called and held in accordance with the partnership agreement of said LP and a quorum was present at all times.</p>			
<div style="border: 1px dashed black; padding: 10px; text-align: center;">Notary Stamp</div>	Authorized Officer Signature:		Title:
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:
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Statement of Person in Responsible Charge

Corporation, LLC, LLP, or LP Name:			
Person in Responsible Charge Name:		Field of Practice:	
State Registration Number:		Expiration Date:	
<p>I acknowledge and agree to the designation of the registrant in responsible charge for the practice of the field listed above for the aforementioned corporation, LLC, LLP, or LP.</p> <p>I certify under penalty of unsworn falsification the information furnished is true and correct. (AS 11.56.210)</p>			
<div>Professional Seal</div>	Person in Responsible Charge Printed Name:		
	Person in Responsible Charge Signature:		
	Date Signed:		



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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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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:		All 3 fields MUST be completed. This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		