



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

Reinstatement Form for Expired Registration Instructions

REINSTATEMENT OF EXPIRED REGISTRATION: 12 AAC 36.165. Expired certificates

- (a) A certificate of registration or corporate, limited liability company, or limited liability partnership authorization that is not renewed for a period of five years expires at the end of that period.
- (b) An expired certificate of registration may be reinstated by
 - (1) applying for reinstatement on a form provided by the department, paying the appropriate fee in 12 AAC 02.110, and providing verification of having passed an examination that
 - i. meets the applicable requirements of 12 AAC 36.100;
 - ii. the applicant for registration of an expired engineer certificate took to qualify for registration in this state before April 1967; or
 - iii. the applicant took to qualify for registration in another licensing jurisdiction; **OR**
 - (2) reapplying to the board for registration by comity as required by 12 AAC 36.103 - 12 AAC 36.109 and paying the appropriate fee.

Registration:	Registration is for biennial registration. The current registration period is January 1, 2022 through December 31, 2023. If you are registered in another jurisdiction, please indicate one active license: Jurisdiction: _____ License Number: _____
Exam Taken:	Registrants whose registration has been in lapsed status for more than five years must also meet the requirements in 12 AAC 36.165(b). Exam Taken: _____ Date Taken: _____

OTHER INFORMATION:

Incomplete applications or insufficient fees will result in your reinstatement application being rejected.

Other Requirements under 12 AAC 36.165:

- (e) An applicant for reinstatement of an expired certificate of registration shall meet the requirements of 12 AAC 36.110(a) unless the applicant was originally registered in the state based on an acceptable treatise.
- (f) Notwithstanding (b) of this section, the board may require an applicant for reinstatement who has been sanctioned for any of the conduct described in 12 AAC 36.320 in the ten years preceding the application for reinstatement to be re-examined under 12 AAC36.100.



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Reinstatement Checklist

Please use this checklist to assure that you have completed or requested all required documentation.

Reinstating a Registration That has Been in Lapsed Status for More Than Five Years (Expired Registration):

- 1. REINSTATEMENT FORM**
A signed, completed reinstatement form (#08-4494, pages 1-3), including answering the Professional Fitness Questions on page 2. Any "yes" answers must have supporting documents submitted.
- 2. FEES**
Fees made payable to "State of Alaska."

Biennial Registration Fee:	\$100.00
<hr/>	
Total Fees Due:	\$100.00
- 3. AUTHORIZATION FOR RELEASE OF RECORDS**
A completed Authorization for Release of Records form (#08-4494a).
- 4. VERIFICATION OF EXAMINATION**
Verification of examination taken that meets the requirements of 12 AAC 36.165(b)(1)(A), (B), or (C).
 - a. If you have already provided this verification with your original application, and the Division still has access to your original file, you do not need to duplicate it.
 - b. If your file is no longer available, you will need to submit verification of proof of passing examinations that comply with the requirements of 12 AAC 36.165(b)(1)(A), (B), or (C);

-OR-

- 5.** In place of #1, #2, #3, and #4, reapply to the board for registration by comity as required by 12 AAC 36.103-.109.

Application forms are available at:

ProfessionalLicense.Alaska.Gov/BoardofArchitectsEngineersandLandSurveyors/ApplicationInstructionsandForms.aspx

Note: Verification of registration and examination (form #08-4494b) must be submitted directly from the licensing jurisdiction where examinations were taken or where registration is held to the Juneau office at the address above.

General Information

APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will 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.

LICENSE TERM:

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on December 31 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

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 in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

DENIAL OF APPLICATION:

Please be aware that the denial of an application of 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.

RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee'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 and correspondence. The name appearing on the license 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.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

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*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



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AELS

FOR DIVISION USE ONLY

Board of Registration for Architects, Engineers and Land Surveyors

PO Box 110806, Juneau, AK 99811-0806

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Reinstatement Form for Expired Registration

PART I Payment of Fees

Required Fees: (Active Registration)	<input type="checkbox"/> Architect	\$100.00
	<input type="checkbox"/> Engineer	\$100.00
	<input type="checkbox"/> Land Surveyor	\$100.00
	<input type="checkbox"/> Landscape Architect	\$100.00

PART II Personal Information

Registration Number: (If Known)			
Full Legal Name: Name change: <input type="checkbox"/>			
<i>If you have had a legal name change since your last license was issued, you must complete a <u>Change of Name form</u>.</i>			
Mailing Address: Address change: <input type="checkbox"/>	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 08.01.100 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 III 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. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

When in doubt, disclose and explain.

Since the date of your last application for registration or renewal:

1. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.
 Yes
 No
2. Have you 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 have you 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 you have held in any jurisdiction including Alaska and that of any military authorities or is any such action pending?
 Yes
 No

"Yes" Answers

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

PART IV Continuing Education

- I have completed at least 24 professional development hours (PDH) during the 24 months immediately preceding this reactivation application meeting the requirements of 12 AAC 36.510(j).



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Signature Page

Applicant Name:	
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PART V 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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Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for issuance of a reinstatement for expired registration.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

Name:	First	Middle	Last
Full Address:	P.O. Box or Street	City	State Zip
Phone:		Date of Birth:	
Email:			
Signature:		Date Signed:	



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Verification of Registration and Examination



Applicant:

Please complete the identifying information below. This verification must be completed by the state issuing the original registration and returned directly to the Alaska board at the letterhead address or emailed to aelsboard@alaska.gov.

Applicant Name:		Phone Number:	
Applicant Signature:		Date Signed:	



State Board:

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska Board of Registration for Architects, Engineers and Land Surveyors at the letterhead address.

License or Certification Number:					
Original Issue Date:			Expiration Date:		
Registration Type:	<input type="checkbox"/> Architect	<input type="checkbox"/> Engineer	<input type="checkbox"/> Land Surveyor	<input type="checkbox"/> Landscape Architect	
Written Exam Passed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discipline:		
Exam Type	Hours	Results	NCEES	Exam Date	
FE			<input type="checkbox"/> Yes <input type="checkbox"/> No		
PE			<input type="checkbox"/> Yes <input type="checkbox"/> No		
FS			<input type="checkbox"/> Yes <input type="checkbox"/> No		
PS			<input type="checkbox"/> Yes <input type="checkbox"/> No		
NCARB A.R.E Division			<input type="checkbox"/> Yes <input type="checkbox"/> No		
CLARB L.A.R.E Division			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Oral Exam Passed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Exam Type:	<input type="checkbox"/> PE	<input type="checkbox"/> PS	<input type="checkbox"/> A.R.E	<input type="checkbox"/> L.A.R.E	Hours:

1. Has any disciplinary action been taken on this license?

Yes No

"Yes" Answers

If you answered "yes" to the question above, please attach a detailed explanation or documentation signed and dated by the person whose signature appears below.

Comments:

.....

Board Seal	Signature:		Date Signed:	
	Printed Name:		Title:	
	Email:		Phone:	



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Professional Licensing

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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 public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state 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. Make copies as necessary.			

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:		PL Code:	
Signature:		Date:	

You must submit one form for each “Yes” answer. Make copies of this form as necessary.



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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: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>