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
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: *license@alaska.gov*
Website: *ProfessionalLicense.Alaska.Gov/BoardOfArchitectsEngineersAndLandSurveyors*

Fundamentals of Engineering Exam (FE)
Fundamentals of Surveying Exam (FS)

- There is no deadline; this is a rolling application process.
- Read the application, statutes, regulations, and these instructions before completing your application. Applications will be processed in order received by the licensing examiner.
- Applicants will be notified via e-mail of approval. All documents received prior to receipt of application will be held up to one year and matched with an application upon receipt.
- The nonrefundable application fee is the amount in effect on the date the application is received by the Division. Fees are subject to change in accordance with AS 08.01.065.
- Examination fees will be paid directly to NCEES. For more information go to: *ncees.org*
- Candidates must submit a request, in writing or by email, to the Division to retake a failed exam. The Division will then notify NCEES of exam eligibility.

  An applicant may apply for reexamination no more than four times within five years after the date that the original application for examination was approved by the Board. If the applicant has not passed the exam after five attempts or within the five years after first being approved for the exam, the applicant will be subject to submitting a new application, per 12 AAC 36.010.
- NCEES does not allow candidates to postpone examinations. NCEES will permit a partial refund of canceled exams, but only up to a deadline date established prior to each examination date.
- Programs under the jurisdiction of the Division are administered in accordance with the Americans with Disabilities Act. The special accommodation request will be considered in conjunction with the policies of the National Council of Examiners for Engineers and Surveyors. Examinees must complete the Questionnaire for NCEES Examination Applicants Requesting Test Accommodations and return it to NCEES by the registration deadline. You must submit the documentation to NCEES on or before its stated deadline in order to receive accommodations. This form is found on the NCEES web site: *ncees.org*
- If you do not have a United States Social Security Number, or if you are a foreign citizen unable to obtain a United States Social Security Number, please contact the Division for a waiver request (Form *08-4372*).
- If any of the required documents (i.e., transcripts, verifications of licensure, etc.) will be issued under your former name, submit marriage license and/or court documents that are notarized as a "certified true copy of the original document."
- An incomplete application or any unusual circumstances noted in the application may require additional processing time. Review your application fully to ensure you have answered every question completely and followed all of the instructions.
- Do not email your application or supporting documentation to the Division. Print all parts of the application packet as single-sided documents only. Hand-written applications will not be accepted.
- If you have questions about licensing requirements, contact the licensing examiner at: *license@alaska.gov*

IT IS ILLEGAL TO PRACTICE AS A ENGINEER OR LAND SURVEYOR IN ALASKA WITHOUT A VALID LICENSE — PLEASE PLAN AHEAD

! General Information

APPLICATION PROCESSING:
The average time to process a paper application is 2-4 weeks from the date it is received in this office, complete with all correct forms and supporting documents and appropriate fees paid. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. When the application is complete and correct and all supporting documents have been received and all fees have been paid the application will be approved. 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.

"YES" RESPONSES:
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 both charging and closing court documentation.

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.

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".

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 Exception from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.gov* or contact the Division for a copy of the form.

SPECIAL ACCOMMODATIONS FOR EXAMINATION:
Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must submit an *Application for Examination Accommodations for Candidates with Disabilities form* (08-4214).

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.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS:
If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900, or the Postsecondary Education office at (907) 465-2962 or (800) 441-2962 to resolve payment issues.

LISTSERV:
If your program has an electronic mailing list, contact staff to subscribe and receive meeting agendas and minutes, newsletters, position statements, and notices of regulation changes.

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, call (907) 465-2550 or online at: *BusinessLicense.Alaska.gov*

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 program you want to be updated on to:

REGULATIONS SPECIALIST
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau, Alaska 99811-0806

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Application For Examination

Fundamentals of Engineering Exam (FE)
Fundamentals of Surveying Exam (FS)

PART I **Application Information** (Hand-written applications will not be accepted)

Fundamentals of Engineering:	☐ Non-Refundable Application Fee, Payable to the Division: **$100.00** *(Exam fees are paid directly to NCEES)*
Fundamentals of Surveying:	☐ Non-Refundable Application Fee, Payable to the Division: **$100.00** *(Exam fees are paid directly to NCEES)*

Full Legal Name:	
Birthdate:	
Mailing Address:	
Contact Phone:	

EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting your license or other business with the Alaska Division of Corporations, Business and Professional Licensing by email, you agree to notify the Division in writing when your email address changes. You understand that failure to check your email address or to keep it in good standing may result in an inability to receive crucial information, potentially resulting in the inability to obtain or retain licensure.

Email Address:		☐ Send my Correspondence by US Mail ☐ Send my Correspondence by Email

SOCIAL SECURITY NUMBER: As required by state law, please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure; it may be used to verify inter-state licensure. (AS 08.01.100)	

Employer:	
Work Phone:	

PART II Technical Education

- If your degree has been awarded, the official transcript must be sent directly from the school.
- If your degree is 75% complete, a letter from the school is required.

College or University:		**Dates Attended:**	
City and State:			
I have a degree, or am pursuing a degree in:			

☐ Date of actual graduation: _____

(Your official transcript must be sent to the Division directly from the school)

☐ Date of expected graduation: _____

(A "75% complete letter" must be sent from your school directly to the Division)

PART III Notarized Signature

I certify that the information on this form is true and correct to the best of my knowledge and that all credentials supplied by me to support my application are true and correct. The Division may deny, suspend, or revoke the license of a person who has obtained or has attempted to obtain a license by fraud or deceit. The person may also be subjected to criminal charges for perjury or unsworn falsification. (AS 11.56.210)

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

Statement of Professional Experience (*FS Applicants only*)

! This part only needs to be completed by FS applicants who have graduated with a 4-year degree which included Board-approved courses meeting land surveying education standards per subsection (d) of 12 AAC 36.064.

Dates of Engagement:	
Title of Position:	
Nature of Engagement:	
Address of Employer:	

Months of Professional Engagement: _____ **Total Months:** _____

Months of Sub-Professional Engagement: _____

Dates of Engagement:	
Title of Position:	
Nature of Engagement:	
Address of Employer:	

Months of Professional Engagement: _____ **Total Months:** _____

Months of Sub-Professional Engagement: _____

Dates of Engagement:	
Title of Position:	
Nature of Engagement:	
Address of Employer:	

Months of Professional Engagement: _____ **Total Months:** _____

Months of Sub-Professional Engagement: _____

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Verification of Work Experience — Land Surveyors (FS Exam ONLY)

→ Applicant:

Complete this top part and then forward it to your employer or supervisor where you obtained your work experience. Make copies as needed.

Full Legal Name:			
Dates of Employment:		**Total Months:**	

→ Employer or Supervisor:

Complete this bottom part for the applicant identified above and return the form directly to the letterhead address.

Information about the Applicant:

Employed by:	
Title:	
Duties:	

Describe the work the applicant performed, and his/her responsibilities:

What professional association did you have with the applicant?

Would you employ this applicant in a position of trust? **Yes** ☐ **No** ☐

Do you recommend the applicant for the Fundamentals of Surveying exam? **Yes** ☐ **No** ☐

Referring to the definitions provided on the next page, in your opinion, has the applicant had *professional* experience on any projects? **Yes** ☐ **No** ☐

Please name one:

***Definitions**:*

Subprofessional work
means time spent working as rodman, chainman, recorder, draftsman, clerk of works, instrumentation, inspector, or similar work where personal responsibility and technical knowledge are slight.

Professional work
means the time the applicant has been occupied in architecture, engineering, land surveying, or landscape architecture work of higher grade and responsibility than that of subprofessional work.

Responsible Charge
may be gained either in the field or in the office. Responsible charge means:

- *In the field, the applicant must have had the direction of work, the successful accomplishment of which rested upon the applicant, where the applicant had to decide questions of methods of execution and suitability of materials without relying upon advice or instructions from his/her superiors and where the applicant had to supply solutions to deficiencies in plans or had to correct errors in design without first referring them to higher authority for approval, except where the approval is a matter of form.*
- *In the office, the applicant must have had to undertake investigations or carry out assignments which demand resourcefulness and originality, or make plans, write specifications, and direct drafting and computations for the design of architectural, engineering, or land surveying work with only rough sketches, general information and field measurements for reference.*

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1. Using the definitions and period of employment stated above, how many months were considered "subprofessional work"?

_ _ _ _ _ _ _ _ _ _ _

2. Using the definitions and period of employment stated above, how many months were considered "professional work"?

_ _ _ _ _ _ _ _ _ _ _

3. Add total months of subprofessional work, and total months of professional work together. This sum must equal the total months provided for the period of employment.

_ _ _ _ _ _ _ _ _ _ _

4. Using the definitions stated above, of the time considered "professional work", how many months was the applicant in a position of "responsible charge"?

_ _ _ _ _ _ _ _ _ _ _

Professional Seal*		
	Signed by:	Date:
	Printed Name:	Title:
	Phone:	Email:
	Registration #:	Registration State:

Were you registered at the time you supervised the applicant? **Yes** ☐ **No** ☐

* If no stamp or seal is available, please state the reason why:

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CREDIT CARD PAYMENT

For security purposes please **do not email** credit card information. Fax or mail this credit card payment form to the Division. Completion of this form is not proof of payment until the Division processes the information. If any information on this form is illegible, the form will be rejected.

Name of Applicant or Licensee: _____

Type of License: _____ 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: _____ Email *(optional)*: _____

Credit Card Type: ☐ VISA — or — ☐ Mastercard

→ **Signature of Credit Card Holder:** _____

VISA or Mastercard Number: _____ **Expiration Date:** _____

This section below the dotted line will be destroyed upon processing of the payment.

Confidential