



THE STATE
of **ALASKA**

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

Biennial Registration Renewal

January 1, 2024 — December 31, 2025

- Your registration lapses after December 31, 2023. There is no grace period - it is illegal to work if your registration has lapsed.
- Faxed or emailed applications will not be accepted.
- Plan on a 4-6 week processing time for correct and complete renewal applications.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Once the renewal is processed, your registration certificate will be available for printing via the MY LICENSE self-service portal.

PART I Payment of Fees

Renewal Fee:	<input type="checkbox"/> Active Registration <i>(For registrations first issued on or before December 31, 2022)</i>	\$100.00
	<input type="checkbox"/> Prorated Active Registration <i>(For registrations first issued on or after January 1, 2023)</i>	\$ 50.00
	<input type="checkbox"/> Retired Registration – One-Time Fee <i>(Your registration must be in active status)</i>	\$ 25.00
Late Fee:	<input type="checkbox"/> Delayed Renewal Penalty <i>(For renewals postmarked on or after March 1, 2024)</i>	\$ 50.00
CE Extension Fee:	<input type="checkbox"/> Continuing Education Extension Fee <i>(For renewals postmarked on or before January 31, 2024. See the Continuing Education Requirements section on page 3.)</i>	\$ 50.00

PART II Personal Information

Registration Type:	<input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Land Surveyor <input type="checkbox"/> Landscape Architect			
Full Legal Name: Name change: <input type="checkbox"/>			Registration Number:	
<i>If you have had a legal name change since your last registration was issued, you must complete a Change of Name form.</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 Continuing Education

Read the questions carefully and check the appropriate box. Do not send continuing education documentation unless requested to do so.

Check one of these boxes if your renewal application is postmarked on or before December 31, 2023:

Registrations initially issued before October 1, 2021.

I have completed during the licensing period January 1, 2022, through December 31, 2023, at least 24 professional development hours (PDH) meeting the requirements of 12 AAC 36.510.

- OR -

Registrations initially issued on or after October 1, 2021.

I am not subject to continuing education requirements for this renewal only because my original registration was issued on or after October 1, 2021 (12 AAC 36.530).

- OR -

I am exempt from the continuing education requirements because I have been on active duty in the armed forces of the United States exceeding 120 consecutive days within a 12-month period during this renewal period. Documentation required.

- OR -

I am exempt from the continuing education requirements for this renewal period because my registration is being renewed in Retired Status.

- OR -

I am requesting an exemption from the continuing education requirements for this renewal period for reasons stated on an attached sheet of paper. (12 AAC 36.530: The board, in its discretion, may grant an exemption for someone experiencing a physical disability, serious illness, family emergency, or other extenuating circumstance.)

- OR -

I am requesting a partial exemption from the continuing education requirements for this renewal period because I have been registered for a duration of 30 or more years in a NCEES, NCARB, or CLARB recognized jurisdiction(s). I certify I have completed at least 8 professional development hours during the licensing period January 1, 2022, through December 31, 2023, meeting the requirements of 12 AAC 36.530(e). Additional documentation may be required.

State Licensed:		License Number:		Issue Date:	
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- OR -

I am registered in another state and have met that state's continuing education requirement of at least 24 professional development hours (PDH) in health, safety and welfare during the licensing period of January 1, 2022, through December 31, 2023.

- OR -

I request an extension through January 31, 2024, to complete the continuing education requirement of at least 24 professional development hours (PDH) per 12 AAC 36.510(k). I understand this extension does not function as a registration extension, and that my registration will be placed in inactive status until the continuing education requirement is met.

PART III Continuing Education *(continued)*

Continuing Education Extension

If your renewal application is postmarked **on or before** January 31, 2024, and you selected the "CE Extension" option on Page 1:

- I have completed at least 24 professional development hours to be applied toward the required PDHs for the January 1, 2022, through December 31, 2023, licensing period.

Completed as of:

Reinstatement of Lapsed Licenses

If your renewal application is postmarked **after** January 31, 2024:

- I have completed at least 24 professional development hours during the 24 months immediately preceding this application for reinstatement.
- OR -
- I am partially exempt from the continuing education requirements because I have been registered for a duration of 30 or more years in a NCEES, NCARB, or CLARB recognized jurisdiction(s). I certify I have completed at least 8 professional development hours during the 24 months immediately preceding this application for reinstatement, meeting the requirements of 12 AAC 36.530(e). Additional documentation may be required.

PART IV 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 your last Alaska registration was issued or renewed:

Have you been found guilty of misconduct, dishonesty, fraud, incompetence, and/or gross negligence in the practice of architecture, engineering, land surveying, or 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 including that of any military authorities, or is any such action pending?

- Yes
 No

"Yes" Answers

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

PART V 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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Website: ProfessionalLicense.Alaska.Gov/BoardOfArchitectsEngineersAndLandSurveyors

Signature Page

Applicant Name:

PART VI Agreement

I hereby certify I am the person herein named and subscribing to this application and 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.

Applicant Signature:

Date Signed:

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 are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before the 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 on time.

Lapsed registrations may be renewed only after satisfying the requirements of AS 08.48.231 and 12 AC 36.500 - 12 AAC 36.550. A certificate of registration that has been lapsed for five years is considered expired and cannot be renewed. An expired registration may be reinstated by submitting an Application for Reinstatement form (#08-4494).

CONTINUING EDUCATION:

Before a registration can be renewed, the registrant must comply with the continuing education requirements of 12 AAC 36.500 - 12 AAC 36.550. Permanent registrations issued on or after **October 1, 2021** are not subject to continuing education for **this renewal only**. All other registrants are required to complete 24 hours of approved continuing education during the concluding licensing period.

CERTIFICATE OF AUTHORIZATION FOR CORPORATE, LLC, LLP, OR LP PRACTICE:

A certificate of authorization may be renewed if there are no changes to: company name; person(s) designated in responsible charge; areas of practice; company name; or altered ownership/ membership/ partners as applicable.

If any of the changes listed above are required, submit an Application for Amendment form (#08-4409) with your renewal form.

Before renewing a certificate of authorization, at least one person designated in responsible charge for each field of practice must renew his/her registration.

A certificate of authorization for corporate, limited liability company, limited liability partnership, or limited partnership practice that has been lapsed for five years is considered expired and cannot be renewed or reinstated.

LISTSERV:

Subscribe at http://list.state.ak.us/mailman/listinfo/Commerce_AELS to receive news and updates from the Alaska Board of Architects, Engineers, and Land Surveyors. Information may include meeting notices, agendas, newsletters, renewal reminders and notices of regulation changes.

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.).

RANDOM AUDIT:

This program requires continuing education. The division will audit a percentage of registration renewals. If selected for audit, you will be sent a letter with instructions for documenting proof of meeting the continuing competency requirements as you stated on this renewal form. Registrants are randomly selected by computer and may be randomly selected as often as the computer chooses. You must save your documents for at least four years so you can respond to audits. Registrants unable to comply with the audit are subject to disciplinary license action.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the registrants 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 registration must be your current legal name.

SOCIAL SECURITY NUMBERS:

AS 08.01.100 requires a U.S. Social Security Number be on file with the division before a professional registration is renewed. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.Gov*.

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.

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*.



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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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:		