



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

Application Instructions for Opening a File for Retention of Land Surveyor Work Verification Forms (As Provided for in 12 AAC 36.066)

THIS IS **NOT** AN APPLICATION FOR EXAMINATION OR REGISTRATION.

INSTRUCTIONS:

1. Read Statutes and Regulations.
2. Typed applications are preferred. If any information on the form is illegible, the form will be rejected.
3. Complete this form in its entirety. Read items 1–8 within Part III of 08-4412 (page 2 of 2). Sign and date on the indicated lines.
4. Submit the application and fee to the Juneau office at the address above.

FEES:

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$50.00

Total Fees: \$50.00



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AELS

FOR DIVISION USE ONLY

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PO Box 110806, Juneau, AK 99811-0806
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Application for Opening a File for Retention of Land Surveyor

Work Verification Forms (As Provided for in 12 AAC 36.066)

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	\$50.00
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PART II Personal Information

Full Legal Name:			
Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).			
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Other Names Used: _____			
Mailing Address:	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
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>			
SOCIAL SECURITY NUMBER: AS 08.01.060 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 Attestations

By my signature below, I acknowledge and agree to the following:

- 1. I have read all applicable statutes and regulations, including 12 AAC 36.066 on the reverse side.
- 2. This is an application to open a file for retention of land surveyor work verification forms; it is NOT an application for examination or registration.
- 3. The Department will maintain this file for a period of five (5) years from the date the application and fees are received in the Juneau office.
- 4. Before the end of the five-year period, I may submit a new application and applicable fees and request the Department to maintain the file for an additional five years.
- 5. It is my responsibility to reapply before the end of the five-year term; the Department will NOT notify me in advance of the file termination date.
- 6. Work verification forms submitted for this file will not be reviewed by the staff or the board until I submit a complete application and all fees for land surveyor registration by comity or examination.
- 7. All work verification forms must be submitted directly to the Department by my employers or supervisors and must be on a form prescribed by the board.
- 8. The \$50 fee is nonrefundable and may not be applied to any registration or examination fees.

Applicant Signature:

Date Signed:

12 AAC 36.066. VERIFICATION OF LAND SURVEYOR WORK EXPERIENCE. (a) In support of an application for examination or registration as a land surveyor, an applicant shall arrange for verification of the work experience required in 12 AAC 36.064 and 12 AAC 36.065 to be submitted to the board. Verification of work experience must be on a form prescribed by the board and must be completed and submitted directly to the board by the employer who is verifying the applicant's experience.

(b) Department staff shall open a file for retention of completed work verification forms for an individual who has not yet submitted an application for examination or registration as a land surveyor if the individual

(1) submits a written request to open a work verification file; and

(2) attaches the file opening fee established in 12 AAC 02.110.

(c) Department staff shall maintain a work verification file for five years from the date that an individual completes the requirements of (b) of this section. Before end of that five years, an individual may request that the department maintain a work verification file for an additional five years by again completing the requirements of (b) of this section.

(d) A work verification form received for an individual will be reviewed by the board or the department only after that individual submits an application for registration as a land surveyor.



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Verification of Work Experience — Land Surveyor

No more than 12 months education or experience may be counted in any 12-month period. If you went to school full-time for a school year, you may count that time as a full year for education, but no summer experience may be counted toward "work experience."

It is recommended that surveying employees have this application completed approximately every year, thus limiting the research time required to verify experience. Employees may request that a copy of the completed form be placed in their employer's personnel file in case a backup copy is needed in the future. Original work verifications should be submitted directly to the Alaska Board of Registration for Architects, Engineers and Land Surveyors (AELS) by the Supervisor or Professional Licensee certifying the work experience.

DEFINITIONS:

Please refer to the statutes and regulations referenced.

AS 08.48.341(10) "practice of land surveying" means the teaching of land surveying courses at an institution of higher learning, or any service or work the adequate performance of which involves the application of special knowledge of the principles of mathematics, the related physical and applied related sciences, and the relevant requirements of law for adequate evidence of the act of measuring and locating land, geodetic and cadastral surveys for the location and monumentation of property boundaries, for the platting and planning of land and subdivisions of land, including the topography, alignment and grades for streets, and for the preparation and perpetuation of maps, record plats, field note records and property descriptions that represent these surveys;

12 AAC 36.065(b) "Responsible charge" of professional land surveying (P.L.S.) means work as a supervisor under the responsible control of a land surveyor registered in the United States and working in the "practice of land surveying" as described in AS 08.48.341(11). The remainder of the required work experience listed in (a) of this section must be derived from office or fieldwork involving the activities listed in AS 08.48.341(11). Partial completion of a curriculum leading to a degree in land surveying will be considered by the board in determining applicable work experience. The board will determine the amount of credit given for responsible charge experience gained under the responsible control of a professional in engineering based on applicability to professional land surveying.



Applicant:

Please complete the identifying information below and forward a copy of this form to your employer or supervisor where you obtained your work experience. Make additional copies of this form, as needed.

Applicant Name:			
Company:			
Supervisor:		Start Date:	
End Date:		Do you have a work verification file open with the board?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Field Work Experience	Start Date	End Date
<input type="checkbox"/> Control or Geodetic Surveys		
<input type="checkbox"/> Topographic Surveys		
<input type="checkbox"/> Staking Property Boundaries (Location and monumentation)		
<input type="checkbox"/> Construction Layout (Including building trades experience)		
<input type="checkbox"/> Professional Judgement Decisions (Regarding placement of lines or corners)		
<input type="checkbox"/> Other: _____		
Office Work Experience	Start Date	End Date
<input type="checkbox"/> Boundary Computations		
<input type="checkbox"/> Field Note Reduction		
<input type="checkbox"/> Subdivision Design (And property description preparation)		
<input type="checkbox"/> Survey Project Administration (As project manager)		
<input type="checkbox"/> Plat and Deed Research (Title research)		
<input type="checkbox"/> Other: _____		
Supervisor Experience	Estimated Percentage of Time Supervising	
<input type="checkbox"/> Supervision of Field Party		
<input type="checkbox"/> Supervision of Office Personnel		

→ **Supervisor:**

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

Was the applicant continuously employed during the calendar dates listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no to above, give number of months of actual employment on this report:</i>	

Work Experience Summary

Field Work Eligible as "Responsible Charge" (# Months):		Field Work Not Eligible as "Responsible Charge" (# Months):	
Office Work Eligible as "Responsible Charge" (# Months):		Office Work Not Eligible as "Responsible Charge" (# Months):	
Total Months Responsible Charge:		Total Months Surveying Experience:	
<p>If responsible charge experience is credited to the applicant, give a brief description of a typical project for which the applicant demonstrated professional judgment and responsible charge experience and the character of the duties required by the project:</p>			

Professional Registrant Signature

Printed Name:			Title:	
Full Address:	P.O. Box or Street	City	State	Zip
Were you licensed at the time of supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Professional Seal	Registration State:		Registration Number:	
	Signature:		Date Signed	
	Email:		Phone:	



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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: _____

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

Application Fee: _____

License or Renewal Fee: _____

Other (fine, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

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Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: -----

2. Expiration Date: -----

3. Security Code: -----

All 3 fields **MUST** be completed!

This section will be destroyed after the payment is processed.