

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

333 Willoughby Avenue, 9th Floor, State Office Building P.O. Box 110806

Juneau. Alaska 99811-0806

Phone: (907) 465-2540 🛊 E-mail: license@alaska.gov

# APPLICANT INSTRUCTIONS FOR ARCHITECT REGISTRATION BY EXAMINATION OR COMITY

# PLEASE READ THE APPLICATION, STATUTES, REGULATIONS, AND THESE INSTRUCTIONS BEFORE COMPLETING YOUR APPLICATION.

APPLICATIONS WILL BE PROCESSED according to the date received. The board meets four times a year, usually in February, May, August, and November. Applicants will be notified via e-mail of action taken by the board as soon as possible, but not more than three weeks after the board meeting. All documents received prior to receipt of application will be held up to one year and matched with an application upon receipt.

THE APPLICATIONS are updated frequently. If you obtained this application other than directly from the Division's official website the application may be outdated. Please check the website for the latest version. (www.commerce.alaska.gov/web/cbpl/)

A DENIAL OF AN APPLICATION for registration may be reported to any person; professional licensing board; federal, state or local government agency; other entity making a relevant inquiry; or as may be required by law.

ALASKA REGISTERS ARCHITECTS BY EXAMINATION, 12 AAC 36.060, or COMITY, 12 AAC 36.103. See also AS 08.48.181 and .191.

ALASKA DOES NOT HAVE RECIPROCITY (WRITTEN AGREEMENT) WITH ANY OTHER STATE OR COUNTRY. Comity **MAY** be granted to professional registrants from other states, territories, and foreign countries at the discretion of the board and in compliance with statutes and regulations.

### **FEES**

The application fee required is the nonrefundable fee in effect on the date the application is received by the Division of Corporations, Business and Professional Licensing. The registration fee which is in effect on the date of initial registration is the required fee. In the event the registration fee changes after you have applied the amount due will be recalculated based on the fee in effect at the time registration.

### **COMITY APPLICANTS** must comply with the following:

- 1. Complete pages 1 through 4 of the application (even though submitting NCARB record), and include the applicable fees.
- 2. Submit an NCARB Council Certificate (blue cover).

## OR

If you do not hold an NCARB Council Certificate, submit verification of education, examinations, license in another jurisdiction and verification of experience in accordance with 12 AAC 36.103.

## **EXAMINATION APPLICANTS** must comply with the following:

- 1. Complete pages 1 through 4 of the application (even though submitting NCARB record), and include the applicable fees.
- 2. NCARB must submit an "NCARB IDP Council Record with Application for Jurisdiction Registration with Council Certification" (also referred to as an NCARB Green Cover IDP Council Record) **-OR-** a record summary to support A.R.E. eligibility. Please notify the Division when you have requested a transmittal.

**NOTE:** To guarantee transmittal of the IDP Council record for exam, NCARB requires that the Council Record be established at least one year in advance of the registration board's application deadline.

### APPLICATION DEADLINE FOR COMITY OR EXAMINATION

For the board to review an application for registration by examination or comity, the application, fees, and supporting documents, i.e., NCARB Council Certificates, as appropriate, must be <u>received</u> in the Juneau office no later than 30 days before the date of the next scheduled board meeting. (The completed application must be typed and notarized and is available, along with the board 's meeting schedule, on the board's website at http://www.commerce.alaska.gov/web/cbpl/).

Once the board approves your application for exam you will be notified in writing or by email. The Division will submit your eligibility to NCARB, who will notify you of exam scheduling requirements.

08-4321 (Rev. 10/20/17)

### **RETAKING A FAILED EXAM**

An applicant may repeat a failed division six months after an unsuccessful attempt.

Effective July 27, 1997, an applicant must pass all divisions of the ARE within five years after the date that the application was approved by the Board. If the applicant has not passed the exam five years after first being approved for the exam, the applicant will be subject to submitting a new application under 12 AAC 36.010.

To retake a failed examination applicants must call the testing agency.

### ARCTIC ENGINEERING REQUIREMENT

ALL ARCHITECT APPLICANTS must successfully complete a board-approved arctic engineering course (listed on web page http://www.commerce.alaska.gov/web/pub/baac.pdf). You may submit your application PRIOR to completion of the course to expedite the application process. If you have already completed the course indicate that information on the application (12 AAC 36.110(a)).

### **SPECIAL EXAM NEEDS**

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 examination, you must submit a written request for testing modifications to the board along with your application.

The applicant must have a licensed professional complete and submit directly to the board the "Documentation of Disability-Related Needs", Form 08-4214, available from the Division web page: http://www.commerce.alaska.gov/web/cpbl/. Requesting special accommodations and the "Documentation of Disability-Related Needs" form will be submitted to NCARB to review for fairness, security, and psychometric impact.

#### REFERENCES

List five references, three of whom must be registered architects, having personal knowledge of your architectural education, training, or experience. References may be contacted by the board for additional information. You must provide registration numbers for your references who are professional architects.

### **RULES OF PROFESSIONAL CONDUCT**

Please read the statutes and regulations (AS 08.48 and 12 AAC 36.210) and sign the application where indicated, agreeing to exemplify and abide by these rules.

#### **AFFIDAVIT**

Sign your application before a Notary Public or other officer authorized to administer oaths. Applications received without a notarized signature will be returned to the applicant.

#### SEALING

12 AAC 36.185(d). "The registrant shall include the date each time the registrant signs and seals a document by inserting the date within the seal or in a close proximity to the seal." Board policy requires the date to be within two inches of the seal.

## **SOCIAL SECURITY REQUIREMENT**

AS 08.01.060 requires an applicant for a professional license to provide a United States Social Security Number. Applicants who do not have a social security number must complete the "Request for Exception from Social Security Number Requirement" form located at www.commerce.alaska.gov/web/cbpl/ or contact the division for a copy of the form.

## 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 Post-Secondary 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 Post-Secondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

#### **BUSINESS LICENSING**

If you are self-employed or are practicing as a partnership, please contact Business Licensing at (907) 465-2550 or access the Internet for an application. The Internet address is: http://www.commerce.alaska.gov/web/buslic.htm. If the business is a corporation, limited liability company or limited liability partnership, contact the division for further instructions.

# CORPORATE, LIMITED LIABILITY COMPANY (LLC) AND LIMITED LIABILITY PARTNERSHIP (LLP) AUTHORIZATION (12 AAC 36.135(1)(B), 12 AAC 36.135(6))

Corporations, LLCs, and LLPs doing architectural, engineering, land surveying, or landscape architectural business in Alaska must hold a business license <u>as well as</u> hold corporate, LLC, or LLP authorization with the Board of Registration for Architects, Engineers and Land Surveyors. In addition, corporations, LLCs and LLPs must also be registered with the Corporations section of the Division of Corporations, Business and Professional Licensing. For more information, you may contact the Division at (907) 465-2530; P.O. Box 110808, Juneau, Alaska 99811-0808; or access the internet home page at http://www.commerce.alaska.gov/web/cbpl/.

### **PUBLIC INFORMATION**

Please be aware that all information on this form will be available to the public unless required to be kept confidential by state or federal law. Current licensee information, including mailing address, is available on the Division's website at www.commerce.alaska.gov/occ under "Professional License Search."

### INTERNET INFORMATION

Certain forms can be printed by accessing the Division's AELS page at the following address: http://www.commerce.alaska.gov/occ/pael.cfm or by following the links from the Alaska state home page at http://www.alaska.gov.

08-4321 (Rev. 10/20/17)



FOR OFFICE USE ONLY

#### 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 P.O. Box 110806

Juneau, Alaska 99811-0806

Telephone: (907) 465-2550 ★ E-mail: aelsboard@alaska.gov

# APPLICATION FOR ARCHITECT REGISTRATION BY EXAMINATION OR COMITY

ORIGINAL, COMPLETED, TYPED, NOTARIZED APPLICATION AND ALL FEES MUST BE RECEIVED IN THE JUNEAU OFFICE BY THE **DEADLINÉ DATE.** 

\$300.00 Comity*	(\$200.e	00 nonrefun	dableapplicat	ion fee, \$100.00	registration fe	e)	
\$300.00 A.R.E. Exam:	☐ (\$200.0	00 nonrefund	lable applicat	ion fee; \$100.00	registration fe	e)	
	rogramming, Planning & Practice)	BD [] (Building Design)	BS (Building Systems)	CD (Construction Documents)	SD (Schematic Design)	SP  (Site Planning)	SS (Structural Systems)
	<b>—</b>	OIVISIONS ees are paid	I directly to te	sting agency upo	on Board appr	oval of application	on)
\$20.00	☐ Wall 0	Certificate (o	ptional) - issu	ed upon registra	tion and signe	d at the next bo	ard meeting
	(MAKE CHECK OR MONEY ORDER PAYABLE TO THE STATE OF ALASKA.)						
NOTE: Fees are subject to change in accordance with AS 08.01.065. Exam and comity applicants must meet 12 AAC 36.050 for application filing deadlines. You will not be scheduled for any exam until your application is approved by the board.							
If your application is incomplete at the time of the deadline or prior to a board meeting your file will be held pending receipt of required documents up to 12 months, and then your file will be considered abandoned. (See 12 AAC 02.910)							

## THE COMPLETE APPLICATION MUST BE TYPED ALL SECTIONS OF THE APPLICATION MUST BE COMPLETED FOR ALL APPLICANTS

## GENERAL INFORMATION

OLIVEIVAL IIVI OKVIATIO	<b>/</b> 11		
Title: Mr. Ms.	☐ Mrs. (optional)		
Name			
Last		First	Middle Name or Initial, as you wish it to appear on your registration.
Maiden	Name (if applicable):		
Birth Date		Social Security Number	If you are a foreign citizen unable to obtain a
		(Required by AS 08.01.060)	If you are a foreign citizen unable to obtain a United States Social Security Number, please contact the division for further instructions.
Mailing Address			
City		State	ZIP Code
Business Name			
Present Position			
E-mail Address:		Fax Number (optional):	

08-4321 (Rev. 10/20/17) Page 1 of 4

# PERSONAL AND PROFESSIONAL REFERENCE LIST - (AS 08.48.201(a)(3))

NOTE: All sections must be completed even though submitting an NCARB Council Record.

STATE

Name	Address	Daytime Telephone	Occupation	Registration No.	State
1.					
2.					
3.					
4.					
5.					

## **EXAMINATION AND REGISTRATION**

A.R.E. DIVISION

## **NCARB EXAMS PASSED:**

OTHER NC	ARB EXAM	STATE	YEAR	OTHER NCA	ARB EXAM	STATE	YEAR
PROFESSIONAL REC	GISTRATIONS: List <u>all</u> Il be provided via NCAR	states where	e you hold or lertificate.	have held registration. U	se a separate sheet if n	ecessary. V	erification of
Type of License	State		ear istered	Hours Written Examination	Reciprocity or Grandfather		ive or psed

YEAR

A.R.E. DIVISION

STATE

YEAR

## **TECHNICAL EDUCATION**

Name and Address of	Years A	attended	Date of	Degree	
Institution	From	То	Graduation	Received	

08-4321 (Rev. 10/20/17) Page 2 of 4

## STATEMENT OF PROFESSIONAL EXPERIENCE

Read and complete all columns - list in date order with most recent experience first - (attach supplemental sheets if necessary)

Date		Title of Position and Character of each	Name and Address of Employer or Person	Time in Months
From	То	Engagement. Be Specific. List in chronological order.	Name and Address of Employer or Person Most Familiar with Engagement	Total Months

# DEFINITION OF RESPONSIBLE CHARGE (12 AAC 36.990(19)(20))

- (1) "Responsible Charge of Work in the Field" means the direction of work, the successful accomplishment of which rested upon the applicant, where the applicant has to decide questions of methods of execution and suitability of materials without relying upon advice or instructions from his superiors and where the applicant has to supply solutions to deficiencies in plans or has to correct errors in designs without first referring them to higher authority for approval, except where the approval is a matter of form.
- (2) "Responsible Charge" as it pertains to "work in the office" means undertaking investigations or carrying out assignments which demand resourcefulness and originality, or making plans, writing specifications, and directing drafting and computations for the design of architectural, engineering, or land surveying work with only rough sketches, general information, and field measurements for reference.

08-4321 (Rev. 10/20/17 Page 3 of 4

<sup>\*</sup>Responsible charge experience is counted within the total experience time accumulated.

# ARCTIC REQUIREMENT (See 12 AAC 36.110)

Board-approved, arctic engineering, university-lev	vel course completed or in progress:		
Date: College:			
	ge http://www.commerce.alaska.gov/web/cpbl/pub/		
including but not limited to, driving under the driving without a license, reckless driving, or		YES	NO
a plea of guilty, nolo contendere or no contes	st, or having been given probation, a suspended		
negligence in the practice of architecture, en- or had a professional license denied, revoked or limited or have you surrendered a professional reprimanded, disciplined, or entered into a se- with a professional license you have held in a	ishonesty, fraud, incompetence, and/or gross gineering, land surveying, landscape architecture d, suspended, or otherwise restricted, conditioned, ional license, been fined, placed on probation, ettlement with a licensing authority in connection any jurisdiction including Alaska and that of any	_	
military authorities or is any such action pend	ding?		
RULES OF PROFESSIONAL CONDUCT  hereby certify that I have read the Alaska Statutes alaska Administrative Code, and agree to abide by  VARNING: The Board of Registration for Architect	Section 08.48 and Professional and Vocational Regulator the rules of professional conduct as set forth therein.  Is, Engineers and Land Surveyors may deny, suspend, or a registration to practice architecture by fraud or deceit.	tions Title 12	, Chapter 3
APPLICANT SIGN HERE			
	Signature of Applicar (IN PRESENCE OF NO		
AFFIDAVIT			
STATE OF) ss.  Borough-County of)			
solough-County of			
, because read the contents thereof and, to the best of neespect.	eing duly sworn, deposes and says: I am the applicant my knowledge and belief, the foregoing statements are	named in this true and cor	s application rect in eve
	day of,,		
	Notary Public State of		
	My Commission Expires:		

08-4321 (Rev. 10/20/17) Page 4 of 4

## 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 333 Willoughby Avenue, P.O. Box 110806, Juneau, Alaska 99811-0806 Phone: (907) 465-2540 Fax: (907) 465-2974

E-mail: license@alaska.gov

## ARCHITECT WORK EXPERIENCE VERIFICATION

l,		, am applying to the State of Alaska fo	r:		
		Professional Architect (comity)			
Му ар	plicatio	n shows that I was under your supervision and/or employ from	to	=	(months)
Subtra	act gaps	s of two continuous months or more:		(	)
		Total Month	ns of Work Exp	erience:	
NOTE exces	TO VE	RIFIERS OF WORK EXPERIENCE: Any gaps of employment for a continuous months must be subtracted from the "months" abo	any reason dur ove.	ing the time f	rame above in
of wo	rk expe	OMITY APPLICANTS: IF YOU HAVE AT LEAST FIVE YEARS OF POPIE verience verifications, you may provide two current letters of reference of the letters should address:			
		ofessional experience on projects; lity and character;			
•	their pro	of they have been an associate of yours (minimum of 5 years);			
• • NOTE shou	their pro how long : Work Id be sig	ofessional association to you;			
• • NOTE shou	their pro how long E: Work Id be sign au offic	ofessional association to you; g they have been an associate of yours (minimum of 5 years); c experience forms and letters of reference should bear the stamp gned and dated. The work experience forms and letters must be	submitted dire	ctly from the	signer to the
NOTE shou June	their pro how long : Work Id be signau office	ofessional association to you; g they have been an associate of yours (minimum of 5 years); c experience forms and letters of reference should bear the stamp gned and dated. The work experience forms and letters must be e at the address or fax number given above.	e. Responsible the successfue questions of tions from his/r ad to correct e	e charge mea al accomplisi methods of ner superiors rrors in desi	ns: nment of which execution and and where the gn without first
NOTE shou June	their pro how long E: Work Id be sig au offic : "Res (1)	offessional association to you; g they have been an associate of yours (minimum of 5 years); c experience forms and letters of reference should bear the stamp gned and dated. The work experience forms and letters must be e at the address or fax number given above.  Sponsible Charge" may be gained either in the field or in the office.  In the field, the applicant must have had the direction of work rested upon the applicant, where the applicant had to decide suitability of materials without relying upon advice or instruction applicant had to supply solutions to deficiencies in plans or h	e. Responsible the successfue questions of ions from his/r ad to correct e e approval is a ons or carry ouns, and direct de	ctly from the charge mea al accomplish methods of her superiors rrors in desi matter of for t assignments	ns: nment of which execution and and where the gn without first m. s which demand
NOTE shou Junes  Definitions:	their pro how long Work Id be sig au office  "Res (1)  (2)  OYER STRATI	of they have been an associate of yours (minimum of 5 years); and they have been an associate of yours (minimum of 5 years); are experience forms and letters of reference should bear the stamp gned and dated. The work experience forms and letters must be at the address or fax number given above.  Sponsible Charge" may be gained either in the field or in the office. In the field, the applicant must have had the direction of work rested upon the applicant, where the applicant had to decide suitability of materials without relying upon advice or instructional applicant had to supply solutions to deficiencies in plans or how referring them to higher authority for approval, except where the lin the office, the applicant must have had to undertake investigation resourcefulness and originality, or make plans, write specification the design of architectural, engineering, or land surveying	e. Responsible the successfue questions of tions from his/r ad to correct e e approval is a ons or carry our ns, and direct d work with on	e charge mea all accomplish methods of her superiors rrors in desi- matter of for t assignments trafting and colly rough ske	ns: nment of which execution and and where the gn without first m. s which demand omputations for etches, general
NOTE shou Junes  Definitions:  II. EMPL REGI HIS/H	their prohow long Work Id be signated office Week Week Week Week Week Week Week We	of they have been an associate of yours (minimum of 5 years); and they have been an associate of yours (minimum of 5 years); are experience forms and letters of reference should bear the stamp gned and dated. The work experience forms and letters must be at the address or fax number given above.  Sponsible Charge" may be gained either in the field or in the office. In the field, the applicant must have had the direction of work rested upon the applicant, where the applicant had to decide suitability of materials without relying upon advice or instructionapplicant had to supply solutions to deficiencies in plans or how referring them to higher authority for approval, except where the line office, the applicant must have had to undertake investigations the design of architectural, engineering, or land surveying information and field measurements for reference.  OR SUPERVISOR: COMPLETE THIS FORM AND SEND DIRECTION FOR ARCHITECTS, ENGINEERS AND LAND SURVEYORS. The complete is the standard of the surveyors.	e. Responsible the successfue questions of tions from his/r ad to correct e e approval is a ons or carry our ns, and direct of work with on CTLY TO THE	e charge mea all accomplish methods of her superiors rrors in desi- matter of for t assignments trafting and colly rough ske	ns: nment of which execution and and where the gn without first m. s which demand omputations for etches, general

A REMINDER: IF YOU ARE NOT A PROFESSIONAL ARCHITECT, YOU MAY NOT VERIFY ANY "RESPONSIBLE CHARGE" EXPERIENCE. PLEASE CONTINUE.

08-4321a (Rev. 10/20/17) Page 1 of 2

# ARCHITECT PROFESSIONAL WORK EXPERIENCE VERIFICATION

Ir	your opinion, has the applicant had <b>profess</b> i	ional experience on any projects? Please name one:	
1	During the period of employment stated a (See definition above) =	bove, how many months were considered "professional work	?"
2		c," how many months was the applicant in a position of "respo	onsible charge?"
(	Section I on the previous page. Responsible or equal to the number of months entered for	ce should equal the total months during the period of encharge experience is a subset of professional experience and question number 2.  applicant?	d should be less than
•	ou employ this applicant in a position of trust?		
,	Professional Seal	Signature	Date
NOTE:	If no seal or stamp is available, please state reason.	(Print or Type Name)	
		Address	Telephone
		Registration No.	State
Were yo	ou registered at the time you supervised the a	pplicant? ☐ Yes ☐ No	

08-4321a (Rev. 10/20/17) Page 2 of 2

## State of Alaska

## Board of Registration for Architects, Engineers and Land Surveyors

333 Willoughby Avenue P.O. Box 110806, Juneau, Alaska 99811-0806 Phone: (907) 465-2540 Fax: (907) 465-2974

E-mail: license@alaska.gov

## **VERIFICATION OF REGISTRATION AND EXAMINATION**

APPLICANT: REGISTRATION BOARDS REQUIRE THAT YOU INCLUDE A STAMPED, ADDRESSED ENVELOPE WITH THIS VERIFICATION, WHICH MUST BE COMPLETED BY THE STATE ISSUING THE ORIGINAL REGISTRATION AND RETURNED DIRECTLY TO THE ALASKA BOARD AT THE ADDRESS GIVEN ABOVE. TOP PORTION TO BE FILLED IN BY THE APPLICANT:

BOARD SUBMITTING THIS VERIFICATION:			APPLICANT NAME:					
ADDRESS:		<u> </u>						
		_	SS# (last 4 dig	its):	DOB:			
			PHONE:					
THIS PORTION TO BE	FILLED IN BY THE VERIFYIN	G BOARD:						
I. THE ABOVE-NA	MED PERSON WAS/IS REGIST	TERED AS:		RATION MBER	DATE ISSUED	VALID UNTIL		
☐ PROFESSIONAL A	RCHITECT							
II. EXAM VERIFICA								
A.R.E. EXAM DIVISION (Old=A) (Pre-Design=PD)	(Old=B WR) (Old=B GR) (Site Planning=SP)	(Old=C) (Bldg. Plann		(Old=C) (Bldg. Tech		(Old=D/F) (Gen. Structures=GS)		
Date	Date	Date		Date		Date		
Score	Score	Score				Score		
(Old=E) (Lateral Forces=LF)	(Old=G) (Mechanical & Electrical Systems=ME)	(Old=H) (Materials 8	k Methods=MM)	(Old=I) (Construction Services=C	on Documents &	Notes:		
Date		Date		Date Score				
	LINARY ACTION BEEN TAKEN blain on reverse side)	N ON THIS RI	EGISTRATION?	□ NO □	YES			
IV. REMARKS:								
BY:								
TITLE:	DATE:				(BOARD SEAL)	) 		

08-4321b (Rev. 10/20/17) Page 1 of 1

# **APPLICANT CHECKLIST**

## **Registration by Comity Architects**

State of Alaska Board of Registration for Architects, Engineers and Land Surveyors P.O. Box 110806

Juneau, Alaska 99811-0806 Phone: (907) 465-2540 \* Fax: (907) 465-2974 E-mail: license@alaska.gov

## ALL SECTIONS OF THE APPLICATION MUST BE COMPLETED EVEN THOUGH SUBMITTING AN NCARB COUNCIL RECORD.

1.	Completed TYPEWRITTEN, NOTARIZED application.
2.	NCARB Blue-Cover Certificate Record, or verification of exams and licensure in another jurisdiction, a copy of transcripts and verification of experience.
3.	Arctic and Seismic Requirement (12 AAC 36.110). Application may be submitted and reviewed by the board before arctic class is completed.
4.	Fees: \$300.00 (\$200.00 nonrefundable application fee, and \$100.00 registration fee).
	Architect Registration by Exam (A.R.E.)
1.	Completed TYPEWRITTEN, NOTARIZED application.
2.	Fees: \$300.00 (\$200.00 nonrefundable application fee, \$100.00 biennial registration fee).
3.	Completed bound green cover NCARB council record that must include verification of an NAAB degree or compliance with NCARB's alternative education standard, or a record summary to support A.R.E. eligibility.
4.	

FOR DIVISION USE ONLY

State of Alaska Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing PO Box 110806, Juneau, AK 99811 Phone: (907) 465-2550

Credit Card Pay	ment Form			
All major credit cards ard Include this credit card p	•	security purposes, <u>do not email</u> cre h your application.	dit card informatio	n.
Name of Applicant or Li	censee:			
Program Type:		License Number (if appli	icable):	
I wish to make payment	by credit card fo	r the following <i>(check all that apply</i> ,	): <b>AM</b>	OUNT
Application Fee:				
Other (name cha	nge, wall certifica	ate, fine, duplicate license, exam, e	tc.):	
1				
2				
		ТОТА	AL:	
Name <i>(as shown on cre</i>	dit card):			
Mailing Address:				
Phone Number:		Email <i>(optional)</i> :		
Signature of Credit Ca	rd Holder:			
	ev 12/26/18 — — — — — —	Credit Card Payment Form (		ccepted)
CREDIT CARD INFO	: Your paymen	nt cannot be processed unless al	l fields are comp	leted!
1. Account Number	r:		All four fields N	<b>/</b> IUST
2. Expiration Date:			be complete	
3. Billing ZIP Code:			This section w destroyed afte	
<b>4.</b> Security Code:			payment is proc	essed.