



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](mailto:license@alaska.gov)  
Fax: (907) 465-2974

## **APPLICANT INSTRUCTIONS FOR LANDSCAPE ARCHITECTS REGISTRATION BY EXAMINATION OR COMITY**

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**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If you obtained this application other than directly from the Division or its official website, the application may be outdated. Please check the website for the latest version.  
(<http://www.commerce.alaska.gov/occ/pael.cfm>)

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 LANDSCAPE ARCHITECTS BY EXAMINATION, 12 AAC 36.068, OR COMITY, 12 AAC 36.109 and .100(e). 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**

1. Complete pages 1 through 5 of the application and include the applicable fees. Application must be typed.
2. The applicant must submit a CLARB council certificate; OR
3. Submit verification of a current registration to practice landscape architecture in another licensing jurisdiction that was based upon CLARB certificate standards or meets the education, experience, and examination requirements of AS 08.48 and 12 AAC 36.100(e).

Exam score verification must be submitted directly from the jurisdiction where the exam was administered. Work verifications must be on a form provided (included in application packet) and must be submitted directly to the board by the person signing the form.

### **EXAMINATION APPLICANTS**

1. Complete pages 1 through 5 of the application and include the applicable fees. Application must be typed.
2. An applicant must provide satisfactory evidence that the applicant's education and work experience is equivalent to the requirements set out in the table in 12 AAC 36.068(a)(2). Transcripts must be submitted directly to the board by the school.
3. Work verifications must be on a form provided (included in application packet) and must be submitted directly to the board by the person signing the form.
4. The L.A.R.E. is administered by CLARB. After board approval contact CLARB to register for the exam (<http://www.clarb.org>).

## **APPLICATION DEADLINE FOR EXAMINATION AND COMITY APPLICANTS**

For the board to review an application for registration by comity the application, fees, and supporting documents, i.e., CLARB Council Certificates, must be **received 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.) Check the Board website for meeting and exam dates.

For the board to review an application for registration by examination the application, fees, and supporting documents must be **received in the Juneau office no later than 30 days before** the date of the appropriate board meeting. (The completed application must be typed and notarized.) Check the board web site for meeting and exam dates.

## **RETAKING A FAILED EXAM**

An applicant may apply for reexamination no more than four times within the five years after the date that the applicant filed the original application for examination. If the applicant has not passed the exam after five attempts or within the five years after first applying for the exam, the applicant will be required to submit a new application pursuant to 12 AAC 36.010.

## **ARCTIC ENGINEERING REQUIREMENT**

ALL LANDSCAPE ARCHITECT APPLICANTS must successfully complete a board-approved arctic engineering course (listed on web page <http://www.commerce.alaska.gov/occ/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 "Application for Examination Accommodations for Candidates with Disabilities," Form 08-4214, available from the Division web page: <http://www.commerce.alaska.gov/occ/home.htm> The "Application for Examination Accommodations for Candidates with Disabilities" form will be submitted to CLARB to review for fairness, security, and psychometric impact.

## **REFERENCES**

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

## **RULES OF PROFESSIONAL CONDUCT**

Please read the statutes and regulations (AS 08.48 and 12 AAC 36) and sign the application where indicated agreeing to exemplify and abide by these rules.

## **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 defines "close proximity" as two inches.

## **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.

## **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/occ](http://www.commerce.alaska.gov/occ) or contact the division for the form.

## **PAYMENT OF CHILD SUPPORT AND STUDENT LOAN**

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/occ/buslic.htm>. If the business is a corporation, limited liability company or limited liability partnership, it must obtain a Certificate of Authorization from the board. Contact the division for further instructions.

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

Corporations, LLCs, and LLPs practicing or offering to practice landscape architectural, architectural, engineering, or land surveying in Alaska must hold a business license as well as 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 its internet home page at <http://www.commerce.alaska.gov/occ>.

### **PUBLIC INFORMATION**

Please be aware that all information in this application will be available to the public unless required to be kept confidential by state or federal law. Current registrant information, including mailing address, is available on the Division's website at [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ) under "License Search."

### **INTERNET INFORMATION**

Certain forms can be printed by accessing the Board's home 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>.

### **EDUCATION**

OFFICIAL TRANSCRIPTS ARE REQUIRED FOR EXAM AND COMITY APPLICANTS. If comity applicants have a CLARB council record submitted the board will accept the transcripts from CLARB. Otherwise, official transcripts must be requested by the applicant and sent directly from the college registrar's office to the Alaska Board address. Photocopies of transcripts marked "Student Copies" will not be accepted.

An applicant with a foreign degree must submit a transcript and if the transcript is not in English, submit a translation in English and a signed and notarized affidavit of the accuracy of the translation. An applicant must also submit an evaluation of the education from an agency approved by the board, unless the education was earned at a school accredited by an accreditation agency recognized by the board. A list of board-approved foreign credentialing agencies is listed on the board's website.

### **STATEMENT OF EXPERIENCE**

List job title, type of work and/or project(s), name and address of employer or supervisor, and list professional, subprofessional, or other experience by the number of months worked in those categories. Indicate number of months in each. Refer to the definitions in the regulations to distinguish between professional, subprofessional, and responsible charge work experience (12 AAC 36.990). In order for the applicant to receive full credit for work experience an applicant must gain experience while under the responsible control of a landscape architect registered in the United States.

For an applicant working in a location where there is no registered landscape architect available, a mentoring program may be used. The applicant must acquire experience by performing landscape architectural work while under the responsible control of someone who is a professional in another design discipline. Additionally, the applicant must complete a mentoring program involving meetings with a landscape architect registered in the United States. Refer to the special requirements for mentoring set out in 12 AAC 36.068(b)(2)(f-h).

**WORK EXPERIENCE MUST BE VERIFIED BY EMPLOYERS OR SUPERVISORS USING THE ALASKA WORK EXPERIENCE VERIFICATION FORMS.** To expedite the process, you may wish to provide present and previous employers with a stamped envelope with the Alaska Board address for their convenience. Applicants must verify months of professional work experience to total the minimum requirements of combined education and work experience as required by exam and comity regulations. The board will not give credit for work experience without the third-party verification even if you have listed the experience. **The board will not review the application until the work experience verifications are received.**



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Juneau, Alaska 99811-0806  
Phone: (907) 465-2550 Fax: (907) 465-2974  
E-mail: AELSboard@alaska.gov

**AEL**

For Office Use Only

**APPLICATION FOR LANDSCAPE ARCHITECT REGISTRATION  
BY EXAMINATION OR COMITY**

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

**STATE OF ALASKA FEES:** Fees are subject to change in accordance with AS 08.01.065.

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

- |                                |   |
|--------------------------------|---|
| <input type="checkbox"/> \$300 | <b>Landscape Architect Applicant by Comity:</b> (\$200 nonrefundable application fee, \$100 registration fee) |
| <input type="checkbox"/> \$300 | <b>Exam (L.A.R.E.) Applicants:</b> (\$200 nonrefundable application fee and \$100 registration fee)           |
| <input type="checkbox"/> \$20  | <b>Wall Certificate</b> (Optional)  |

PLEASE SUBMIT FEES MADE PAYABLE TO **STATE OF ALASKA**

Exam and comity applicants must meet 12 AAC 36.050 for application filing deadlines. You may not schedule 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 application 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.)

**GENERAL INFORMATION:**

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: \_\_\_\_\_  
(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: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Present Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax Number (optional): \_\_\_\_\_

**PERSONAL AND PROFESSIONAL REFERENCE LIST (AS 08.48.201(a)(3))**

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

**EXAMINATION AND REGISTRATION:** Verification is needed directly from CLARB or from the state(s) where examination(s) was/were administered.

**EXAMS PASSED:**

L.A.R.E. Section	State	Year	Other Exams	State	Year

**PROFESSIONAL REGISTRATIONS:** List all states where you hold or have held registration(s). Use a separate sheet if necessary. Verification of current registration is needed from at least one state. A form is provided in this application packet. If you are submitting a CLARB council certificate a separate verification from the state(s) is not needed.

Type of License	License Number	State	Year Registered	Hours Written Examination	Comity or Exam	Active or Lapsed

**TECHNICAL EDUCATION:** (Official Transcripts must be submitted directly from the school, unless verified in your CLARB record.)

Name and Address of Institution	Years Attended		Date of Graduation	Degree Received
	From	To		

## STATEMENT OF PROFESSIONAL EXPERIENCE

Read and complete. List in date order with most recent experience first – (attach supplemental sheets if necessary)

Date: From: \_\_\_\_\_ To: \_\_\_\_\_ Title of Position: \_\_\_\_\_

Character of each engagement (be specific): \_\_\_\_\_

Name of employer or person most familiar with engagement: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

### Time in Months (Professional + Subprofessional = Total Months)

Responsible Control\*: \_\_\_\_\_ Professional\*: \_\_\_\_\_ Subprofessional\*: \_\_\_\_\_ Total Months: \_\_\_\_\_

-----  
Date: From: \_\_\_\_\_ To: \_\_\_\_\_ Title of Position: \_\_\_\_\_

Character of each engagement (be specific): \_\_\_\_\_

Name of employer or person most familiar with engagement: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

### Time in Months (Professional + Subprofessional = Total Months)

Responsible Control\*: \_\_\_\_\_ Professional\*: \_\_\_\_\_ Subprofessional\*: \_\_\_\_\_ Total Months: \_\_\_\_\_

-----  
Date: From: \_\_\_\_\_ To: \_\_\_\_\_ Title of Position: \_\_\_\_\_

Character of each engagement (be specific): \_\_\_\_\_

Name of employer or person most familiar with engagement: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

### Time in Months (Professional + Subprofessional = Total Months)

Responsible Control\*: \_\_\_\_\_ Professional\*: \_\_\_\_\_ Subprofessional\*: \_\_\_\_\_ Total Months: \_\_\_\_\_

-----  
Date: From: \_\_\_\_\_ To: \_\_\_\_\_ Title of Position: \_\_\_\_\_

Character of each engagement (be specific): \_\_\_\_\_

Name of employer or person most familiar with engagement: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

### Time in Months (Professional + Subprofessional = Total Months)

Responsible Control\*: \_\_\_\_\_ Professional\*: \_\_\_\_\_ Subprofessional\*: \_\_\_\_\_ Total Months: \_\_\_\_\_

### \*Definitions of “Responsible Control,” “Professional Work,” and “Subprofessional Work”

#### 12 AAC 36.990

(18) “Professional work” means the time the applicant has been occupied in architecture, engineering, land surveying or landscape architecture work of a higher grade and responsibility than that of subprofessional work;

(22) “Subprofessional work” means time spent working as rodman, chainman, recorder, draftman, clerk of works, instrumentman, inspector, or similar work where personal responsibility and technical knowledge are slight.

(30) Responsible control” means that amount of control over and detailed knowledge of the content of technical submissions during their preparation as is ordinarily exercised by registered engineers, land surveyors and landscape architects applying the required professional stand of care.

**ARCTIC REQUIREMENT (SEE 12 AAC 36.110(a))**

Board-approved, arctic engineering, university-level course completed or in progress:

Date Completed: \_\_\_\_\_ College: \_\_\_\_\_  
(Board Approved Arctic Courses listed on web page <http://www.commerce.alaska.gov/occ/pub/baac.pdf>)

**GENERAL INFORMATION QUESTIONS - (AS 08.48.111)**

YES NO

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. \_\_\_\_\_ ☐ ☐
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? \_\_\_\_\_ ☐ ☐

**If you answered "yes" to any of the above questions please explain dates and circumstances on a separate paper. Signed and dated, and send supporting documents that are applicable (police reports, court records, etc.). Your application will not be processed until all of the required information is received.**

All information provided with your response will be considered public information unless required to be kept confidential by state or federal law.

**RULES OF PROFESSIONAL CONDUCT**

I hereby certify that I have read the Alaska Statutes Section 08.48 and Professional and Vocational Regulations Title 12, Chapter 36, Alaska Administrative Code, and agree to abide by the rules of professional conduct as set forth therein.

**WARNING:** The Board of Registration for Architects, Engineers and Land Surveyors may deny, suspend, or revoke the registration of a person who has obtained or attempted to obtain a registration to practice landscape architecture by fraud or deceit. The person may also be subject to criminal charge for perjury. (AS 11.56.230)

APPLICANT SIGN HERE 

\_\_\_\_\_  
Signature of Applicant  
(IN PRESENCE OF NOTARY)

**AFFIDAVIT**

STATE OF \_\_\_\_\_ )  
 ) ss.  
Borough-County of \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn, deposes and says: I am the applicant named in this application, have read the contents thereof and, to the best of my knowledge and belief, the foregoing statements are true and correct in every respect.

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
State of \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

## WORK EXPERIENCE VERIFICATION

### I. THIS PORTION TO BE COMPLETED BY THE APPLICANT:

I, \_\_\_\_\_, am applying to the State of Alaska for registration as a Landscape Architect.

My application shows that I was under your supervision and/or employ from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ (total months)

### II. **Employer or Supervisor:** Complete this form and send directly to the Alaska State Board of Registration for Architects, Engineers and Land Surveyors. This is important to the applicant as his/her experience cannot be accepted unless verified.

\_\_\_\_\_ was/was not under my responsible control while employed by \_\_\_\_\_

as a \_\_\_\_\_ for a total of \_\_\_\_\_ months.

Describe the work he/she performed and his/her responsibilities. If applicable, list a project and the applicant's role:

\_\_\_\_\_  
\_\_\_\_\_

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

Do you recommend him/her for registration or examination? ☐ Yes ☐ No

What professional association did you have with the applicant? \_\_\_\_\_

In order for the applicant to receive full credit for work experience, the experience must be gained while under the responsible control of a landscape architect registered in the United States. To determine how much credit for work experience the applicant will receive please answer the following questions (See 12 AAC 36.068(c)):

Are you a registered landscape architect? ☐ Yes ☐ No

Were you a registered landscape architect at the time you supervised the applicant? ☐ Yes ☐ No

Do you have a degree in landscape architecture? \_\_\_\_\_

Do you have at least eight years of experience as a landscape architect? \_\_\_\_\_

Do you have at least eight years post-registration experience, the majority of which was obtained as a landscape architect?

☐ Yes ☐ No

Professional Seal

**NOTE: If no seal or stamp is available, please state reason.**

Signature

Date

\_\_\_\_\_  
(Print or Type Name)

Registration No.

State

Address

Telephone No.

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

**VERIFICATION OF REGISTRATION AND EXAMINATION FOR LANDSCAPE ARCHITECTS**

**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. CONTACT THE STATE BOARD OFFICE TO DETERMINE IF VERIFICATION FEES ARE REQUIRED PRIOR TO COMPLETION. TOP PORTION TO BE FILLED IN BY THE APPLICANT:**

NAME AND MAILING ADDRESS OF BOARD  
SUBMITTING THIS VERIFICATION

Applicant Name

Mailing Address

City

State

ZIP Code

Telephone Number

SSN # (last 4 digits)

Date of Birth

**THIS PORTION TO BE FILLED IN BY THE VERIFYING BOARD:**

**I. The above-named person was / is registered as a Professional Landscape Architect:**

Registration Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**II. He / She was granted the above registration:**

- (a) by practice in the State at time of passage of Law \_\_\_\_\_  
(b) by reciprocity with the State of \_\_\_\_\_  
(c) by oral examination \_\_\_\_\_ hours  
(d) by written examination \_\_\_\_\_ hours  
(e) Other \_\_\_\_\_

The written examination was completed on \_\_\_\_\_

The oral examination was completed on \_\_\_\_\_

**III. PLEASE COMPLETE ALL THE FOLLOWING INFORMATION:**

Exam Subject	Number of Hours	Passing Grade	Date Passed	Uniform CLARB Exam (Yes or No)

**IV. Has any disciplinary action been taken on this registration?** ☐ Yes ☐ No (If yes, please explain on reverse side, or attach copies of action as applicable.)

**V. Remarks:** \_\_\_\_\_

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

(BOARD SEAL)

STATE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE RETURN THIS FORM DIRECTLY TO THE DIVISION**

# APPLICANT CHECKLIST

## Landscape 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](mailto:license@alaska.gov)

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

### Landscape Architect by Comity (12 AAC 36.109)\*:

- ☐ 1. Completed **TYPEWRITTEN** application.
- ☐ 2. Fees of \$300 payable to the State of Alaska.
- ☐ 3. Arctic Requirements (12 AAC 36.110). (Application may be submitted and reviewed by the board before arctic class is completed.)
- ☐ 4. CLARB Council Certificate; OR, in place of #4,

Verification of current registration in another licensing jurisdiction; AND

Verification of education, work experience, and examination satisfying the requirements of 12 AAC 36.068(a)(2).

### Landscape Architect by Examination (12 AAC 36.068)\*:

- ☐ 1. Completed **TYPEWRITTEN** application.
- ☐ 2. Fees of \$300 payable to the State of Alaska.
- ☐ 3. Verification of education and work experience meeting the requirements of 12 AAC 36.068(a)(2) by submitting:
  - official transcripts (directly from the school to the division); and
  - work experience verification forms.
- ☐ 4. Arctic Requirement (12 AAC 36.110(a)) (required for registration but not to take exam).

\*Also see 12 AAC 36.010. Applications.

**STATE BOARD OF REGISTRATION FOR ARCHITECTS,  
ENGINEERS AND LAND SURVEYORS**

**LANDSCAPE ARCHITECT REGISTRATION EXAM SCHEDULE:** The LARE Exam Schedule is posted on the Board's website, in the Professional Licensing Section at [www.commerce.alaska.gov](http://www.commerce.alaska.gov).

**POSTPONEMENTS:** Check with CLARB (<http://www.clarb.org>).

**EXAMINATION APPLICATION DEADLINE:** The application form and fees must be received by the Division of Corporations, Business and Professional Licensing's Juneau office by the deadline date, which is **14** days before the scheduled Board meetings. **(The completed application must be typed and notarized.)**

**SUPPORTING DOCUMENTS DEADLINE:** All supporting documents, i.e., work experience verifications, official transcripts, verification of registration and examination must be received not later than 14 days before the date of the next scheduled board meeting. Contact the Division of Corporations, Business and Professional Licensing for a schedule of the upcoming meetings. The board tentatively meets in February, May, August, and November.

**RETAKING A FAILED EXAM:** An applicant who has failed the examination may, within 18 months of notification of the failed examination, reapply for examination. Another examination fee is required.



THE STATE  
of **ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

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 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!

1. Account Number: \_\_\_\_\_

2. Expiration Date: \_\_\_\_\_

3. Billing ZIP Code: \_\_\_\_\_

4. Security Code: \_\_\_\_\_

All four fields **MUST**  
be completed!

This section will be  
destroyed after the  
payment is processed.