



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 99811-0806

(907) 465-2550

Email: AELSboard@Alaska.Gov

ProfessionalLicense.Alaska.Gov/BoardOfArchitectsEngineersAndLandSurveyors

REINSTATEMENT FORM FOR EXPIRED REGISTRATION

REINSTATEMENT OF EXPIRED REGISTRATION: 12 AAC 36.165. Expired certificates

(a) A certificate of registration or corporate, limited liability company, or limited liability partnership authorization that is not renewed for a period of five years **expires** at the end of that period.

(b) An expired certificate of registration may be reinstated by

(1) applying for reinstatement on a form provided by the department, paying the appropriate fee in 12 AAC 02.110, and providing verification of having passed an examination that

(A) meets the applicable requirements of 12 AAC 36.100;

(B) the applicant for registration of an expired engineer certificate took to qualify for registration in this state before April 1967; or

(C) the applicant took to qualify for registration in another licensing jurisdiction; or

(2) reapplying to the board for registration by comity as required by 12 AAC 36.103 - 12 AAC 36.109 and paying the appropriate fee.

(Refer to AELS statutes and regulations for full text located at <http://www.commerce.alaska.gov/occ/pael.cfm>.)

REGISTRATION	Registration is for biennial registration. The current registration period is January 1, 2020 through December 31, 2021. If you are registered in another jurisdiction, please indicate one active license: Jurisdiction _____ Number _____
EXAM TAKEN	Registrants whose registration has been in lapsed status for more than five years must also meet the requirements in 12 AAC 36.165(b). Exam taken _____ Date taken _____
NAME CHANGE	If you have had a legal name change since your last registration was issued, enclose a copy of the legal document (marriage certificate, divorce decree, etc.) as proof of the change.
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.
PUBLIC INFORMATION	Please be aware that all information on this reinstatement form will be available to the public unless required to be kept confidential by state or federal law.
BUSINESS LICENSES	Renewal applications for business licenses are mailed separately. For more information about business licenses, call (907) 465 2550. On-line renewal is now available at: http://www.commerce.alaska.gov/occ/buslic.htm

OTHER INFORMATION:

Incomplete applications or insufficient fees will result in your reactivation application being rejected.

Other Requirements under 12 AAC 36.165:

- (e) An applicant for reinstatement of an expired certificate of registration shall meet the requirements of 12 AAC 36.110(a) unless the applicant was originally registered in the state based on an acceptable treatise.
- (f) Notwithstanding (b) of this section, the board may require an applicant for reinstatement who has been sanctioned for any of the conduct described in 12 AAC 36.320 in the ten years preceding the application for reinstatement to be re-examined under 12 AAC 36.100.

NOTIFICATION OF PROPOSED REGULATION CHANGES

If you would like to receive notice of all proposed architect, engineer, land surveyor, and landscape architect regulation changes, please send a written request to add your name to the Board of Architects, Engineers, and Land Surveyors Interested Parties List 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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Reinstatement Form For Expired Registrations

PART I Payment of Fees

Active Registration:	<input type="checkbox"/> Architect	\$100
	<input type="checkbox"/> Engineer	\$100
	<input type="checkbox"/> Land Surveyor	\$100
	<input type="checkbox"/> Landscape Architect	\$100

PART II Personal Information

Registration Number (if known):			
<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"/>			
If you have had a legal name change since your last license was issued, you must complete a <u>Change of Name</u> form.			
Date of Birth:		Phone Number:	
Mailing Address:			
This is an address change: <input type="checkbox"/>			
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:		<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail	
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 Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "Yes" response to any question, you must provide an explanation and documentation. Provide your explanation on a separate sheet of paper labeled with your name and signed and dated by you; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. Documentation includes copies of court orders, charging documents, board or license actions, judgments, 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.

When in doubt, disclose and explain.

Since the date of your last application for registration or renewal:

- 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.

☐ Yes
☐ No
- 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?

☐ Yes
☐ No



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Signature Page

Applicant Name:

PART IV

Agreement

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that 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, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant's Signature:

Date:



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REINSTATEMENT CHECKLIST

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

REINSTATING A REGISTRATION THAT HAS BEEN IN LAPSED STATUS FOR MORE THAN FIVE YEARS (EXPIRED REGISTRATION):

1. Completed reinstatement form, including answering the Professional Fitness Questions on Page 2. Any "Yes" answers must have supporting documents submitted.
2. Fees: \$100 biennial registration fee. Make check payable to "State of Alaska."
3. Verification of examination taken that meets the requirements of 12 AAC 36.165(b)(1)(A), (B), or (C).

If you have already provided this verification with your original application, and the Division still has access to your original file, you do not need to duplicate it.

If your file is no longer available, you will need to submit verification of proof of passing examinations that comply with the requirements of 12 AAC 36.165(b)(1)(A), (B), or (C);

OR

In place of #1, #2, and #3, reapply to the board for registration by comity as required by 12 AAC 36.103-.109.

(Website forms are available at <http://www.commerce.alaska.gov/occ/pael.cfm>. Click on initial applications and scroll to the appropriate form.)

Note: Verification of examination or registration must be submitted directly from the licensing jurisdiction where examinations were taken on where registration is held to the Juneau office at the address or fax number given above.



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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 ORIGINAL REGISTRATION AND RETURNED DIRECTLY TO THE ALASKA BOARD AT THE ADDRESS GIVEN ABOVE.

Applicant's Signature:			
Applicant's Name:		Phone:	

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

I. Registration Verification

The above-named person was/is registered as:

Cert. Number

Date Issued

Valid Until

<input type="checkbox"/>	Professional Engineer in _____ (list discipline)	_____	_____	_____
<input type="checkbox"/>	Professional Land Surveyor	_____	_____	_____
<input type="checkbox"/>	Professional Architect	_____	_____	_____
<input type="checkbox"/>	Professional Landscape Architect	_____	_____	_____

II. Exam Verification

The above-named person passed the following examination(s):

Hours

Results

NCEES:
Yes/No

Exam Date

1.	<input type="checkbox"/>	Written Examination	FE	_____	_____	_____	_____			
			PE	_____	_____	_____	_____			
			FS	_____	_____	_____	_____			
		Discipline: _____	PS	_____	_____	_____	_____			
		NCARB A.R.E. Division:		_____	_____	_____	_____			
		CLARB L.A.R.E Division:		_____	_____	_____	_____			
		OTHER (use back if needed):		_____	_____	_____	_____			
2.	<input type="checkbox"/>	Oral Examination	PE:	_____ hrs.	PS:	_____ hrs.	A.R.E:	_____ hrs.	L.A.R.E:	_____ hrs.
3.	<input type="checkbox"/>	FE/FX Accepted From:								
	<input type="checkbox"/>	PE/PS Accepted From:								
4.	<input type="checkbox"/>	Other:								

III. Disciplinary History

Has any disciplinary action been taken on this license? ☐ NO ☐ YES (attach a detailed explanation or documentation)

IV. Remarks: _____

<div style="border: 1px dashed gray; padding: 10px; text-align: center;">Board Seal</div>	Signature:	Date:
	Printed Name	Title
	Phone	Email



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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: _____

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.