



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

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

Since the date of your last application for registration or renewal as an Alaska architect, engineer, land surveyor, or landscape architect:

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 piece of paper and send supporting documents that are applicable (police reports, court records, etc.) Your application will not be processed until all required documents are received.**

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

**Continuing Education:** By my signature below I certify that I have complied with the continuing education requirements pursuant to 12 AAC 36.500 – 12 AAC 36.550.

**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 architecture, engineering, land surveying, or landscape architecture by fraud or deceit. The person may also be subject to criminal charges for unsworn falsification (AS 11.56.210).

**I certify that the information in this application is true and correct.**

SIGN HERE 

\_\_\_\_\_ Applicant's Signature

Date: \_\_\_\_\_

**GENERAL INFORMATION**

**Expired Certificates**

**12 AAC 36.165 (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 engineering 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 in 12 AAC 36.103 – 12 AAC 36.109 and paying the appropriate fee.

**Social Security Requirement**

If you are a foreign citizen unable to obtain a United States Social Security Number, please contact the division for further instructions.

**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**

**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**  
**P.O. Box 110806**  
**Juneau, Alaska 99811-0806**  
**(907) 465-2540**  
**Fax: (907) 465-2974**  
**E-mail: [license@alaska.gov](mailto:license@alaska.gov)**

## **REACTIVATION CHECKLIST**

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

### **REACTIVATING REGISTRATION THAT HAS BEEN IN RETIRED STATUS FOR LESS THAN FIVE YEARS:**

1. Completed reactivation form, including answering the Professional Fitness Questions on Page 2. Any "Yes" answers must have an explanation and supporting documents submitted.
2. Fees: \$100 biennial registration fee. Make check payable to "State of Alaska."

### **REACTIVATING REGISTRATION THAT HAS BEEN IN RETIRED STATUS FOR MORE THAN FIVE YEARS:**

1. Completed reactivation form, including answering the Professional Fitness Questions on Page 2. Any "Yes" answers must have an explanation and 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  
[ProfessionalLicense.Alaska.Gov/BoardOfArchitectsEngineersAndLandSurveyors](http://ProfessionalLicense.Alaska.Gov/BoardOfArchitectsEngineersAndLandSurveyors)  
Click on initial applications and scroll to the appropriate form.)

**Note:** Verification of examination or registration must be submitted directly from the licensing jurisdiction to the Division's Juneau office at the address or fax number given above.

**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**  
**(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:**

NAME AND MAILING ADDRESS OF BOARD  
SUBMITTING THIS VERIFICATION

|  |                           |
|--|---------------------------|
|  | (Applicant Name)          |
|  | (Mailing Address)         |
|  | (City) (State) (ZIP Code) |
|  | (Telephone Number)        |
|  | (SS#) (Date of Birth)     |

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

I. The above-named person was/is registered as:

|  | Cert.<br>Number | Date<br>Issued | Valid<br>Until |
|--|-----------------|----------------|----------------|
| <input type="checkbox"/> Professional Engineer in _____<br>(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:<br>YES/NO | Exam Date |
|--|----|-------|---------|------------------|-----------|
| 1. <input type="checkbox"/> Written Examination: | FE | _____ | _____   | _____            | _____     |
| Discipline: _____                                | PE | _____ | _____   | _____            | _____     |
|  | FS | _____ | _____   | _____            | _____     |
|  | PS | _____ | _____   | _____            | _____     |

Applicant Name: \_\_\_\_\_

Written Exam (continued):

NCARB A.R.E. Division: \_\_\_\_\_

CLARB L.A.R.E. Division: \_\_\_\_\_

OTHER (use back if needed): \_\_\_\_\_

2.  Oral Examination: PE: \_\_\_\_\_ hrs. PS: \_\_\_\_\_ hrs. A.R.E.: \_\_\_\_\_ hrs. L.A.R.E.: \_\_\_\_\_ hrs.

3.  FE/FS accepted from: \_\_\_\_\_

PE/PS accepted from: \_\_\_\_\_

A.R.E. accepted from : \_\_\_\_\_

L.A.R.E. accepted from: \_\_\_\_\_

4.  Other: \_\_\_\_\_

III. Has any disciplinary action been taken on this registration?  No  Yes (Please explain on reverse side)

IV. Remarks: \_\_\_\_\_

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

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

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

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

(BOARD SEAL)



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!**

|   |  |
|---|--|
| <p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p> | <p>All four fields <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p> |
|---|--|