



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

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550 • Fax: (907) 465-2974

Email: AELSboard@Alaska.Gov

ProfessionalLicense.Alaska.Gov/BoardOfArchitectsEngineersAndLandSurveyors

Land Surveyor by Comity Registration Application Instructions

Applications are processed according to the date received. The Board meets four times a year, usually in February, May, August, and November. Board meeting dates are posted on the Board's website.

- ! **Applications and supporting documents, (work experience verifications, official transcripts, and verification of registration and examination), and nonrefundable application fees must be received in the Juneau office 30 days before a scheduled board meeting.**

Applicants will be notified via email 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.

An applicant for registration as a land surveyor must pass a state examination covering laws, procedures, and practices concerning land surveying in Alaska. See 12 AAC 36.100.(d)(3).

Applications must be reviewed by the board for approval to sit for the Alaska Land Surveying Examination (AKLS) offered in April.

The board will grant up to two postponements to an applicant who is scheduled to take the AKLS if the applicant's request for postponement is filed with the board no later than 30 days immediately following the date of examination. An applicant who does not appear for an examination and does not qualify for a postponement is not eligible for a refund of the examination fee and shall meet the reexamination application requirements in 12 AAC 36.040 to be scheduled for a later examination. See 12 AAC 36.070.

Alaska does NOT offer reciprocity (written agreement) with any other state or country.

Comity **may** be granted to professional registrants from other states, territories, or foreign countries at the discretion of the board and in compliance with statutes and regulations.

(12 AAC 36.107 by authority of AS 08.48)

Comity is not granted to applicants who have not been registered by fundamental and professional examinations regardless of registrations(s) held in another licensing jurisdiction or years of professional work experience. Comity applicants must submit work verification forms or letters of reference.

(12AAC 36.107(c))

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.

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.

Applicants are required to have all examinations and required work experience verified by a third party using Alaska forms and mailed directly to the Alaska board office. NCEES Council Records may be accepted for verification of education, examinations, and current registration, however the corresponding section of the application must be filled in – do not put “see NCEES Record”.

Applicants must meet the qualifications for licensure in accordance with AS 08.48.201.

It is your responsibility to be aware of licensing requirements and provide all necessary documentation.

The Board conducts a thorough evaluation of education, training, employment or work history, malpractice history, and any criminal or disciplinary history. We recommend you do not make commitments for loans, practice start dates, home purchases, etc., based on the expectation of licensure. The Board will not accelerate one application over others nor will it forego any elements of its screening process.

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.” The Board has defined “close proximity” as within two inches of the seal.

Please submit the following documents concurrently:

- ✓ Original application form completely and accurately filled in, signed, and notarized. Missing information will cause delays in processing or a return of the application.
- ✓ All applicable fees (application, AKLS EXAM, and registration) in check or money order payable to the State of Alaska, or use the attached credit card payment form.

Be sure to sign and date your application.

Land surveyors may also be required to have a state business license. Contact Business Licensing at (907) 465-2550, or email at: *BusinessLicense@Alaska.Gov*

REQUIREMENTS FOR APPLICATION: ALL parts of this application must be completed even if submitting an NCEES record. The following documents must be on file before the Board will consider your application for a land surveyor registration by comity:

1. APPLICATION:

A completed, signed, and notarized application. The application may be submitted by mail or fax. Emailed applications will not be accepted. Typewritten applications are preferred. If any information on the form is illegible, the form will be rejected.

2. FEES:

Make check or money order payable to "State of Alaska", or use the attached credit card form:

Nonrefundable Application Fee:	\$200.00
Registration Fee:	\$100.00
AKLS Exam Fee:	\$100.00
Total Due:	\$400.00

3. TRANSCRIPTS, EXAM, AND REGISTRATION VERIFICATION:

- Verification of NCEES exams and current registration in at least one other state must be submitted directly from the state board(s) to our office; these can be accepted by email or from *NCEES.org*
- Official transcripts must be submitted directly from the institution by email, mail, or from *NCEES.org*
— or —
- Submit an NCEES Council Record in place of the verification and transcripts.

4. VERIFICATION OF WORK EXPERIENCE:

- Work Experience Verification (form #08-4714, attached) with at least 36 months of responsible charge verified by a professional land surveyor. This document, once signed and sealed, can be accepted by email if sent directly from your verifiers to our office.
— or —
- If you are currently registered and have at least five years post-registration professional engineering experience, you can provide two current letters of reference from US-registered land surveyors. These can be accepted electronically. The letters should address:
 - Your professional experience on projects;
 - Your ability and character;
 - The reference's professional association to you;
 - How long the reference has been an associate of yours (minimum five years).

! General Information

APPLICATION PROCESSING:

The average time to process a paper application varies by program, but can take several weeks from the date it is received in this office, complete with all correct forms, supporting documents and appropriate fees paid. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. When the application is complete and correct and all supporting documents have been received and all fees have been paid the license will be issued and sent to you with a cover letter about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

LICENSE TERM:

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on December 31 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date which are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record. If your program offers temporary licenses, they are issued for either 30 consecutive days or until the end of the calendar year, whichever period is shorter.

"YES" RESPONSES:

A "Yes" response in the application does not mean your application will be denied. If you have responded "Yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and both charging and closing court documentation.

DENIAL OF APPLICATION:

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and required to submit copies of documentation and proof that you satisfied the continuing competency requirements as you stated on this renewal form. Please note that licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the Division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document". To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, "I certify this is a true copy of the original document" and sign your name. The notary will compare the original document with the copy and then notarize your signature.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the Division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exception from Social Security Number Requirement form located at ProfessionalLicense.Alaska.gov or contact the Division for a copy of the form.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the Division's website at ProfessionalLicense.Alaska.gov under License Search.

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the Division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued and all fees will be forfeited.

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 Postsecondary 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 Postsecondary Education office at (907) 465-2962 or (800) 441-2962 to resolve payment issues.

BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, call (907) 465-2550 or online at: BusinessLicense.Alaska.gov

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the Division's website: ProfessionalLicense.Alaska.Gov

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the program you want to be updated on to:

REGULATIONS SPECIALIST
Email: RegulationsAndPublicComment@Alaska.Gov
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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Land Surveyor by Comity Registration Application

PART I Fees and Applicant Information

Required Fees	<input type="checkbox"/> Non-Refundable Application Fee	\$200.00
	<input type="checkbox"/> Registration Fee	\$100.00
	<input type="checkbox"/> AKLS Exam Fee	\$100.00
Optional Fee:	<input type="checkbox"/> Wall Certificate	\$20.00

Full Legal Name:	
Provide all other names used (maiden, nicknames, aliases). Attach documentation of all legal name changes.	
<input type="checkbox"/> Not Applicable	
<input type="checkbox"/> Other Names Used: _____	
Name you want on your registration:	

Birthdate:		Title:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
Mailing Address:			
Contact Phone:	() —		

EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting your license or other business with the Alaska Division of Corporations, Business and Professional Licensing by email, you agree to notify the Division in writing when your email address changes. You understand that failure to check your email address or to keep it in good standing may result in an inability to receive crucial information, potentially resulting in the inability to obtain or retain licensure.		
Email Address:		<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail

SOCIAL SECURITY NUMBER: AS 08.01.100 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.	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
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PART II Business Information

Business Name:			
Business Address:			
Current Job Title:			
Work Phone:	()	—	

PART III Technical Education

Official transcripts are required and must be sent directly to the Board office from the university, unless verified through NCEES Council Records.

1. Institution Name:		State:	
Degree Awarded:		Graduation Date:	

2. Institution Name:		State:	
Degree Awarded:		Graduation Date:	

PART IV Professional Fitness

The following questions must be answered. "Yes" answers may not automatically result in license denial. If you answer "Yes" to any of the questions, please explain dates and circumstances on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, etc.).

WHEN IN DOUBT, DISCLOSE AND EXPLAIN

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, a conviction involving 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

PART V Statement of Professional Experience

List your professional experience in reverse chronological order (most recent experience first).

Part V must be completed in full, even if you are submitting an NCEES Council Record.

Read the definitions below for “responsible charge”, “professional”, and “sub-professional”.

Make copies to add additional work experience as necessary.

1. Job Title: _____

Start Date (mm/yyyy): _____

End Date (mm/yyyy): _____

Name of Employer: _____

Address of Employer: _____

Contact Person: _____

Describe the professional experience: _____

Professional: _____

+

Sub-Professional: _____

=

Total Months: _____

How many of the _____ months of professional experience are responsible charge? _____

Definition of Responsible Charge

12 AC 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 sign of architectural, engineering, or land surveying work with only rough sketches, general information, and field measurements for reference.

Responsible charge experience is counted within the total experience time accumulated.

“**Sub-professional work**” means time spent working as rodman, chainman, recorder, draftsman, clerk of works, instrumentation, inspector, or similar work where personal responsibility and technical knowledge are slight.

“**Professional work**” means the time the applicant has been occupied in engineering or land surveying work of higher grade and responsibility than that of sub-professional work.

List your professional experience in date order.

This Part must be completed in full, even if you are submitting an NCEES Council Record.

Make copies as necessary.

2. Job Title:**Start Date** (mm/yyyy):**End Date** (mm/yyyy):**Name of Employer:****Address of Employer:****Contact Person:****Describe the professional experience:****Professional:****+****Sub-Professional:****=****Total Months:****How many of the****months of professional experience are responsible charge?****3. Job Title:****Start Date** (mm/yyyy):**End Date** (mm/yyyy):**Name of Employer:****Address of Employer:****Contact Person:****Describe the professional experience:****Professional:****+****Sub-Professional:****=****Total Months:****How many of the****months of professional experience are responsible charge?**

PART VI Professional Registrations

List every state where you hold, or have held, a registration.

Verification of current registration is required from at least one state.

Verification of examination is required from at least one state where the exam was administered.

Make copies as necessary.

PLS Registration Number	Registration State	Registration Year	Registration Qualification	Registration Status
			<input type="checkbox"/> Comity <input type="checkbox"/> Exam	<input type="checkbox"/> Active <input type="checkbox"/> Lapsed

PLS Registration Number	Registration State	Registration Year	Registration Qualification	Registration Status
			<input type="checkbox"/> Comity <input type="checkbox"/> Exam	<input type="checkbox"/> Active <input type="checkbox"/> Lapsed

PLS Registration Number	Registration State	Registration Year	Registration Qualification	Registration Status
			<input type="checkbox"/> Comity <input type="checkbox"/> Exam	<input type="checkbox"/> Active <input type="checkbox"/> Lapsed

PLS Registration Number	Registration State	Registration Year	Registration Qualification	Registration Status
			<input type="checkbox"/> Comity <input type="checkbox"/> Exam	<input type="checkbox"/> Active <input type="checkbox"/> Lapsed

PLS Registration Number	Registration State	Registration Year	Registration Qualification	Registration Status
			<input type="checkbox"/> Comity <input type="checkbox"/> Exam	<input type="checkbox"/> Active <input type="checkbox"/> Lapsed

PLS Registration Number	Registration State	Registration Year	Registration Qualification	Registration Status
			<input type="checkbox"/> Comity <input type="checkbox"/> Exam	<input type="checkbox"/> Active <input type="checkbox"/> Lapsed

PLS Registration Number	Registration State	Registration Year	Registration Qualification	Registration Status
			<input type="checkbox"/> Comity <input type="checkbox"/> Exam	<input type="checkbox"/> Active <input type="checkbox"/> Lapsed

PLS Registration Number	Registration State	Registration Year	Registration Qualification	Registration Status
			<input type="checkbox"/> Comity <input type="checkbox"/> Exam	<input type="checkbox"/> Active <input type="checkbox"/> Lapsed

PLS Registration Number	Registration State	Registration Year	Registration Qualification	Registration Status
			<input type="checkbox"/> Comity <input type="checkbox"/> Exam	<input type="checkbox"/> Active <input type="checkbox"/> Lapsed

PART VII **Personal and Professional Reference List****AS 08.48.201(a)(3)**

List five references.

At least three of the references must be professional land surveyors.

Do not send reference letters unless requested by the Board.

☐ This reference is a professional land surveyor. Registration Number: State:

Name:

Address:

Phone:

☐ This reference is a professional land surveyor. Registration Number: State:

Name:

Address:

Phone:

☐ This reference is a professional land surveyor. Registration Number: State:

Name:

Address:

Phone:

☐ This reference is a professional land surveyor. Registration Number: State:

Name:

Address:

Phone:

☐ This reference is a professional land surveyor. Registration Number: State:

Name:

Address:

Phone:

PART VIII Examinations

An applicant for registration as a land surveyor must pass a state examination covering laws, procedures, and practices concerning land surveying in Alaska. See 12 AAC 36.100.(d)(3).

Applications must be reviewed by the board for approval to sit for the Alaska Land Surveying Examination (AKLS) offered in April.

	State	Year	NCEES	
Surveyors	FS:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	PS:		<input type="checkbox"/> Yes	<input type="checkbox"/> No

PART IX Notarized Signature

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 engineering or land surveying by fraud or deceit. The person may also be subject to criminal charge for perjury.

<div>Notary Stamp</div>	Applicant's Signature:		Printed Name:	
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:		My Commission Expires:	

Before you mail this application, have you...

- ✓ completed all questions in the form?
- ✓ attached your check or money order for fees payable to the State of Alaska, or completed the attached credit card payment form?
- ✓ signed and dated the application form?
- ✓ attached explanations and supporting documents for any "Yes" responses?



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Verification of Work Experience — Land Surveyor by Comity or Exam

→ **Applicant:** Complete Page 1 and Page 2 and then forward all four pages of this form to your employer or supervisor where you obtained your work experience. Make copies as needed.

Full Name:		Applying by:	<input type="checkbox"/> Comity <input type="checkbox"/> Exam
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Work experience forms and letters of reference must bear the signed and dated PLS stamp (seal) of the verifier.

The work experience forms and letters must be faxed or mailed directly from the signer to the Juneau office.

COMITY APPLICANTS ONLY: If you have at least five years of post-registration experience, in lieu of work experience verifications, you may provide two current letters of reference from registered land surveyors to verify that experience. The letters should address:

- your professional experience on projects;
- your ability and character;
- their professional association to you;
- how long they have been an associate of yours (minimum of 5 years);

WORK EXPERIENCE CALCULATION TABLE:

("End Date" cannot be projected beyond today's date.)

Start Date: _____ + End Date: _____ = Months: _____

Employment gaps of two or more months: _____ - "Months" = Total Months: _____

DEFINITIONS:

Sub-professional work means time spent working as rodman, chainman, recorder, draftsman, clerk of works, instrumentation, inspector, or similar work where personal responsibility and technical knowledge are slight.

Professional work means the time the applicant has been occupied in architecture, engineering, land surveying, or landscape architecture work of higher grade and responsibility than that of sub-professional work.

Responsible Charge may be gained either in the field or in the office. Responsible charge means:

- In the field, the applicant must have had the direction of work, the successful accomplishment of which rested upon the applicant, where the applicant had to decide questions of methods of execution and suitability of materials without relying upon advice or instructions from his/her superiors and where the applicant had to supply solutions to deficiencies in plans or had to correct errors in design without first referring them to higher authority for approval, except where the approval is a matter of form.
- In the office, the applicant must have had to undertake investigations or carry out assignments which demand resourcefulness and originality, or make plans, write specifications, and direct drafting and computations for the design of architectural, engineering, or land surveying work with only rough sketches, general information and field measurements for reference.

AS 08.48.341(13): "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 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;

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" (12 AAC 36.064 (b) and 12 AAC 36.065(f)).

FIELD WORK EXPERIENCE:

<input type="checkbox"/> Control or Geodetic Surveys	Start Date: _____	End Date: _____
<input type="checkbox"/> Topographic Surveys	Start Date: _____	End Date: _____
<input type="checkbox"/> Staking Property Boundaries (location and monumentation)	Start Date: _____	End Date: _____
<input type="checkbox"/> Construction Layout (including building trades experience)	Start Date: _____	End Date: _____
<input type="checkbox"/> Professional Judgement Decisions (regarding placement of lines or corners)	Start Date: _____	End Date: _____
<input type="checkbox"/> Other *	Start Date: _____	End Date: _____

* Explain: _____

OFFICE WORK EXPERIENCE:

<input type="checkbox"/> Boundary Computations	Start Date: _____	End Date: _____
<input type="checkbox"/> Field Note Reduction	Start Date: _____	End Date: _____
<input type="checkbox"/> Subdivision Design (and property description preparation)	Start Date: _____	End Date: _____
<input type="checkbox"/> Survey Project Administration (as project manager)	Start Date: _____	End Date: _____
<input type="checkbox"/> Plat and Deed Research (title research)	Start Date: _____	End Date: _____
<input type="checkbox"/> Other *	Start Date: _____	End Date: _____

* Explain: _____

SUPERVISOR EXPERIENCE:

<input type="checkbox"/> Supervision of Field Party	Estimated percentage of time supervising: _____
<input type="checkbox"/> Supervision of Office Personnel	Estimated percentage of time supervising: _____

→ **Verifiers of Work Experience:** Complete pages 3 and 4 of this form. Fax, mail, or email it directly to the Division. We require ALL four pages.

Any gaps of employment for any reason during the time frame above in excess of two continuous months must be subtracted from the "Months" above.

Information about the Applicant:

Name:	
Title:	
Duties:	

Describe the work the applicant performed, and his/her responsibilities:

What professional association did you have with the applicant?

Would you employ this applicant in a position of trust?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

Do you recommend the applicant for professional registration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

Referring to the definitions provided on the previous page, in your opinion, has the applicant had <i>professional</i> experience on any projects?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Please name one:

-
1. Using the definitions and period of employment from Page 1, how many months were considered "sub-professional" work?

2. Using the definitions and period of employment from Page 1, how many months were considered "professional" work?

3. Using the definitions from Page 1, of the time considered "professional" work, how many months was the applicant in a position of "responsible charge"?

(Only PLSs may verify "responsible charge" experience)

The total months for sub-professional and professional experience should equal the total months during the period of employment stated on the previous page. Responsible charge experience is a subset of professional experience and should be less than or equal to the number of months entered for question number 2.

Are you a professional land surveyor?

Yes ☐ No ☐

Were you registered at the time you supervised the applicant?

Yes ☐ No ☐

Was the applicant continuously employed during the calendar months stated on the Work Experience Calculation Table on the first page?

Yes ☐ No ☐

WORK EXPERIENCE SUMMARY:

Total Field Work: _____ **Months**

Field work eligible as "responsible charge": _____ **Months**

Field work NOT eligible as "responsible charge": _____ **Months**

Total Office Work: _____ **Months**

Office work eligible as "responsible charge": _____ **Months**

Office work NOT eligible as "responsible charge": _____ **Months**

<div>Professional Seal*</div>	Signed by: _____	Date: _____
	Printed Name: _____	Title: _____
	Phone: _____	Email: _____
	Registration #: _____	Registration State: _____

* If no stamp or seal is available, please state the reason why:

**The verifier of work experience must submit ALL FOUR PAGES
directly to the Division by mail, email, or fax.**



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.