



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

Street: State Office Building, 333 Willoughby Avenue, 9th Floor

US Mail: PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

Email (for questions): AelsBoard@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfArchitectsEngineersAndLandSurveyors

Architect 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.

Alaska does NOT offer 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.

— 12 AAC 36.103 by authority of AS 08.48

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 If you obtained this application other than directly from the Division or its official website the application may be outdated.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. NCARB 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 NCARB 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.

REQUIREMENTS FOR APPLICATION: ALL parts of this application must be completed even if submitting a NCARB record. The following documents must be on file before the Board will consider your application for an architect 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

Total Due: \$300.00

3. EDUCATION, EXAM, EXPERIENCE & REGISTRATION VERIFICATION:

- NCARB Record
— or —
- If you were initially licensed on or before July 13, 2011, you may submit the following in lieu of an NCARB Record.
 - Official transcripts must be submitted directly from the institution by email or mail.
(12 AAC 36.061)
 - Verification of A.R.E. 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 mail.

-AND EITHER-

- Completed work experience verification form (08-TBP) showing at least 24 months R.C. per 12 AAC 36.103(b)(3).
— or —
- Two Letters of reference verifying the applicant's experience as a registered architect for five years or more in a state, territory, or a possession of the United States, the District of Columbia, or a foreign country. Each letter must be signed and sealed by a professional architect in a state, territory, or possession of the United States, the District of Columbia, or a foreign country. Letters can be accepted electronically and must address:
 - Your professional experience since registration as a licensed architect
 - Your ability and character;
 - The reference's professional association to you, demonstrating direct knowledge of your work experience as a registered architect;
 - How long the reference has been an associate of yours (minimum five years) during your tenure as a registered architect;

4. ARCTIC REQUIREMENT:

All architect applicants must successfully complete a Board-approved arctic course (listed on the Board's website). You may submit your application prior to completion of the course to expedite the application process. (12 AAC 36.110(a))

5. JURISPRUDENCE QUESTIONNAIRE:

A questionnaire which covers Alaska Statutes 08.48 (Architects, Engineers, and Land Surveyors), Alaska Statutes 08.01 (Centralized Statutes), Alaska Administrative Code, Title 12, Chapter 36 (12 AAC 36.010-.990), and Alaska Administrative Code, Title 12, Chapter 02 (12 AAC 02.010-.02.990, Division of Corporations, Business and Professional Licensing, Centralized Regulations).

! General Information

APPLICATION PROCESSING:

The average time to process a paper application is 2-4 weeks from the date it is received in this office, complete with all correct forms and 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:

Licenses are issued for a two-year period and expire on March 31 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date 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".

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.

SPECIAL ACCOMMODATIONS FOR EXAMINATION:

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 licensing examination, you must submit an *Application for Examination Accommodations for Candidates with Disabilities form* (08-4214).

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.

LISTSERV:

If your program has an electronic mailing list, contact staff to subscribe and receive meeting agendas and minutes, newsletters, position statements, and notices of regulation changes.

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
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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Architect by Comity Registration Application

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	\$200.00	} \$300.00
	<input type="checkbox"/> Architect Registration Fee	\$100.00	
Optional Fees:	<input type="checkbox"/> Wall Certificate		\$20.00

PART II Applicant Information

Complete 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:	

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

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
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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.

PART III Business Information

Business Name:	
Business Address:	
Current Job Title:	
Work Phone:	

PART IV Technical Education

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

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

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

PART V Professional Fitness Questions

The following professional fitness questions must be answered. "Yes" answers may not automatically result in certificate denial. If you answer "Yes" to any of the questions, please explain dates and specific circumstances (locations, type of action, organizations or parties involved) on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, certificates of completion, board or license actions, investigative notices, etc.).

When in doubt, disclose and explain.

1. Have you been convicted of a crime or are you currently charged with committing a crime, or is any such action pending? 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 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 including that of any military authorities or is any such action pending?

☐ Yes
☐ No

PART VI Statement of Professional Experience

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

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

Read the definitions below for “responsible charge” and “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: _____

Total Professional Months: = _____
(since registration)

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 that demand resourcefulness and originality, or making plans, writing specifications, and directing drafting and computations for the sign of architectural work with only rough sketches, general information, and field measurements for reference.

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

“Professional work” means the time the applicant has been occupied in architectural practice since holding a license.

List your professional experience in date order.

This Part must be completed in full, even if you are submitting an NCARB 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:

Total Professional Months:
(since registration)

=

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:

Total Professional Months:
(since registration)

=

How many of the

months of professional experience are responsible charge?

PART VII 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.

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

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

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

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

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

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

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

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

Architect Registration #	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 VIII Personal and Professional Reference List**AS 08.48.201(a)(3)**

List five references.

At least three of the references must be professional architects.

Do not send reference letters unless requested by the Board.

☐ This reference is a professional architect Registration #: State:

Name:	
Address:	
Phone:	

☐ This reference is a professional architect Registration #: State:

Name:	
Address:	
Phone:	

☐ This reference is a professional architect Registration #: State:

Name:	
Address:	
Phone:	

☐ This reference is a professional architect Registration #: State:

Name:	
Address:	
Phone:	

☐ This reference is a professional architect Registration #: State:

Name:	
Address:	
Phone:	

PART IX Examinations**NCARB Exams Passed:**

A.R.E. Division	State	Year	A.R.E. Division	State	Year

Other NCARB Exams	State	Year	Other NCARB Exams	State	Year

PART X Arctic Requirement**12 AAC 36.110**

List the location and date of the Board-approved arctic engineering university-level course completed or in progress:
(no documentation is required)

University or College: _____

Date: _____

PART XI 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:	



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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.