



**Board of Registration for Architects, Engineers and Land Surveyors**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [AELSBoard@Alaska.Gov](mailto:AELSBoard@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfArchitectsEngineersAndLandSurveyors](http://ProfessionalLicense.Alaska.Gov/BoardOfArchitectsEngineersAndLandSurveyors)

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## Landscape Architect Registration by Comity Application Instructions

ALASKA REGISTERS LANDSCAPE ARCHITECTS BY 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.

*Faxed or emailed applications will not be accepted.*

***The following must be received by the division before your application for Landscape Architect Registration by Comity can be reviewed:***

### 1. APPLICATION

A completed application, signed and notarized (#08-4398, pages 1-7).

### 2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$200.00

Registration Fee: \$100.00

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Total Fees Due: \$300.00

### 3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4398b).

### 4. VERIFICATION OF TRANSCRIPTS, EXAM, AND REGISTRATION

- CLARB Council Certificate

- or -

- 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).

- AND -

- Exam score verification must be submitted directly from the jurisdiction where the exam was administered. Work verifications must be on a form provided by the department and must be submitted directly to the board by the person signing the form.

- AND -

- Official transcripts must be submitted directly from the institution by email or mail. If comity applicants have a CLARB council record submitted, the board will accept the transcripts from CLARB. 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.

### 5. VERIFICATION OF WORK EXPERIENCE

A completed Verification of Work Experience form (#08-4398a) with job title, type of work and/or project(s), name and address of employer or supervisor, and list professional, sub-professional, 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, sub-professional, 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.

Applicants must verify months of professional work experience to total the minimum requirements of combined education and work experience as required by 12 AAC 36.109. 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.

**6. COLD REGIONS DESIGN REQUIREMENT**

All landscape architect applicants must successfully complete a Board-approved Cold Regions Design 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))

## AELS Information

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### **BOARD REVIEW:**

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.

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.

### **CORPORATE REGISTRATIONS:**

Corporations, LLCs, LLPs and LPs 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, LLP, or LP authorization with the Board of Registration for Architects, Engineers and Land Surveyors. In addition, corporations, LLCs, LLPs, and LPs 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) 465-2550; P.O. Box 110806, Juneau, Alaska 99811-0806; or access its internet home page at *Corporations.Alaska.Gov*

## General Information

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### **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. 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. 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 are issued to the next biennial expiration date. Renewal notices are provided at least 30 days prior to the expiration date on file, in accordance with AS 08.01.050. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

### **PROFESSIONAL FITNESS QUESTIONS:**

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 the charging document and judgement.

### **DENIAL OF APPLICATION:**

Please be aware that the denial of an application for 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, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. 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 Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

**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.

**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, (907) 465-2550 or *BusinessLicense.Alaska.Gov*

**STALE DOCUMENTS:**

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

**PAYMENT OF CHILD SUPPORT:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

**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 specific program you want to be updated on to the address below.

Regulations Specialist  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



THE STATE  
of **ALASKA**

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

**AELS**

FOR DIVISION USE ONLY

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**Landscape Architect Registration by Comity Application**

**PART I Payment of Fees**

<b>Required Fees:</b>	<input type="checkbox"/> Application and Registration Fee (\$200 is Non-Refundable)	<b>\$300.00</b>
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**PART II Personal Information**

<b>Full Legal Name:</b>			
<b>Provide all other names used (maiden, nicknames, aliases).</b> If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).			
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Other Names Used: _____			
<b>Preferred Name on Registration:</b>			
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Contact Phone:</b>		<b>Date of Birth:</b>	
<b>EMAIL AGREEMENT:</b> 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.			
<b>Email Address:</b>		<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>			
<b>SOCIAL SECURITY NUMBER:</b> 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 Business Information**

<b>Business Name:</b>			
<b>Business Address:</b>	P.O. Box or Street	City	State Zip
<b>Current Job Title:</b>		<b>Work Phone Number:</b>	

## PART IV Technical Education

Official transcripts are required and must be sent directly to the Board office from the university, unless verified in your CLARB record.

Institution Name	Degree Awarded	State	Graduation Date

## PART V Statement of Professional Experience

List your professional experience in reverse chronological order (most recent experience first). Read the definitions below for “responsible charge,” “professional work,” and “sub-professional work.” *Attach additional pages, as needed.*

### 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 architecture, engineering, land surveying, or landscape architecture work of higher grade and responsibility than that of subprofessional work.

“**Sub-professional work**” means time spent working in design support or construction related employment.

<b>Start Date:</b>		<b>End Date:</b>	
<b>Employer Name:</b>		<b>Job Title:</b>	
<b>Employer Address:</b>	P.O. Box or Street	City	State Zip
<b>Contact Person:</b>		<b>Total Professional Months:</b>	
<b>Total Sub-Professional Months:</b>		<b>Total Months:</b> (Professional + Sub-Professional)	
<b># Months of Professional Experience that are Responsible Charge:</b>			
<b>Describe the Professional Experience:</b>			

**PART V** Statement of Professional Experience (continued)

<b>Start Date:</b>		<b>End Date:</b>	
<b>Employer Name:</b>		<b>Job Title:</b>	
<b>Employer Address:</b>	P.O. Box or Street	City	State Zip
<b>Contact Person:</b>		<b>Total Professional Months:</b>	
<b>Total Sub-Professional Months:</b>		<b>Total Months:</b> (Professional + Sub-Professional)	
<b># Months of Professional Experience that are Responsible Charge:</b>			
<b>Describe the Professional Experience:</b>			

<b>Start Date:</b>		<b>End Date:</b>	
<b>Employer Name:</b>		<b>Job Title:</b>	
<b>Employer Address:</b>	P.O. Box or Street	City	State Zip
<b>Contact Person:</b>		<b>Total Professional Months:</b>	
<b>Total Sub-Professional Months:</b>		<b>Total Months:</b> (Professional + Sub-Professional)	
<b># Months of Professional Experience that are Responsible Charge:</b>			
<b>Describe the Professional Experience:</b>			

<b>Start Date:</b>		<b>End Date:</b>	
<b>Employer Name:</b>		<b>Job Title:</b>	
<b>Employer Address:</b>	P.O. Box or Street	City	State Zip
<b>Contact Person:</b>		<b>Total Professional Months:</b>	
<b>Total Sub-Professional Months:</b>		<b>Total Months:</b> (Professional + Sub-Professional)	
<b># Months of Professional Experience that are Responsible Charge:</b>			
<b>Describe the Professional Experience:</b>			

**PART VI Exam History**

Verification is needed directly from CLARB or from the state(s) where examination(s) was/were administered.

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

**PART VII Cold Regions Design Requirement**

*12 AAC 36.110*

List the location and date of the Board-approved Cold Regions Design university-level course completed or in progress. (No documentation is required.)

<b>College or University:</b>		<b>Date:</b>	
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## PART IX 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**. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, 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.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

### When in doubt, disclose and explain.

1. 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
2. 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. "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

"Yes" Answers

If you answered "yes" to any of the above questions, you must submit signed and dated documentation explaining the specific circumstance(s) of the incident(s).



THE STATE  
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Division of Corporations, Business and Professional Licensing

**AELS**

FOR DIVISION USE ONLY

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**Notary Signature Page**

**PART X Notarized Signature**

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 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.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

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



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## Verification of Work Experience — Landscape Architect by Comity



**Applicant:**

Please complete the identifying information below and forward a copy of this form to your employer or supervisor where you obtained your work experience. *Make additional copies of this form, as needed.*

<b>Applicant Name:</b>			
<b>Start Date:</b>		<b>End Date:</b>	



**Verifiers of Work Experience:**

Please complete this bottom part for the applicant identified above and return the form directly to the Board of Registration for Architects, Engineers and Land Surveyors at the letterhead address or email.

<p>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 questions below. (See 12 AAC 36.068(c))</p>			
<b>Applicant Name:</b>		<b>Job Title:</b>	
<b>Business Name:</b>		<b>Total Months:</b>	
<b>Job Duties:</b>			
<p><b>Describe the work he/she performed and his/her responsibilities. If applicable, list a project and the applicant's role:</b></p>			
<p> </p>			
<p><b>What professional association did you have with the applicant?</b></p>			
<p> </p>			
<p>1. Would you employ this applicant in a position of trust?</p>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Do you recommend the applicant for professional registration?</p>			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>3. Using the period of employment from page 1, how many months were considered “sub-professional” work?</b>		
<i>Sub-professional work means time spent working in design support or construction related employment.</i>		
<b>4. Using the period of employment from page 1, how many months were considered “professional” work?</b>		
<i>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.</i>		
<b>5. Of the time considered “professional” work, how many months was the applicant in a position of “responsible charge”?</b>		
<i>Per 12AAC 36.063 “To receive full credit for responsible charge experience, an applicant must gain responsible charge experience while under the responsible control of a professional engineer registered in the United States in the branch of engineering for which the applicant has applied.”</i>		
<i>Responsible charge means:</i>		
<ul style="list-style-type: none"> <li><i>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.</i></li> <li><i>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.</i></li> </ul>		
<b>Note:</b> The total months for sub-professional and professional experience should equal the total months during the period of employment indicated. 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 4.		
<b>6. In your opinion, has the applicant had professional experience on any projects?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please name one:</b>		
<b>7. Are you a registered landscape architect?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8. Were you registered at the time you supervised the applicant?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>9. Do you have a degree in landscape architecture?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>10. Do you have at least eight years of experience as a landscape architect?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>11. Do you have at least eight years post-registration experience, the majority of which was obtained as a landscape architect?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>12. If no stamp or seal is available below, please state the reason why:</b>		

## Signature

Professional Seal	<b>Signature:</b>		<b>Date Signed:</b>	
	<b>Printed Name:</b>		<b>Title:</b>	
	<b>Email:</b>		<b>Phone:</b>	
	<b>Registration State:</b>		<b>Registration Number:</b>	



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## Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for issuance of a Landscape Architect Registration by Comity.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

<b>Name:</b>	First	Middle	Last
<b>Full Address:</b>	P.O. Box or Street	City	State Zip
<b>Phone:</b>		<b>Date of Birth:</b>	
<b>Email:</b>			
<b>Signature:</b>		<b>Date Signed:</b>	



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## Verification of Registration and Examination for Landscape Architects

➔ **Applicant:** Please complete the identifying information below and forward a copy of this form to the state board where you hold, or have held, a registration. *Make additional copies of this form, as needed.*

<b>Applicant Name:</b>		<b>Date of Birth:</b>	
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Email Address:</b>		<b>Phone Number:</b>	

➔ **Verifying Board:** Please complete this bottom part for the applicant identified above and return the form directly to the Board of Registration for Architects, Engineers and Land Surveyors at the letterhead address or email.

<b>Applicant Name:</b>				
<b>Registration Number:</b>		<b>Issue Date:</b>		
<b>Expiration Date:</b>				
<b>Issued By:</b>	<input type="checkbox"/> Practice <input type="checkbox"/> Reciprocity <input type="checkbox"/> Oral Exam <input type="checkbox"/> Written Exam <input type="checkbox"/> Other: _____			
<b>Written Exam Date:</b>		<b>Oral Exam Date:</b>		
<b>Exam Subject</b>	<b>Number of Hours</b>	<b>Passing Grade</b>	<b>Date Passed</b>	<b>Uniform CLARB Exam</b>
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No



1. Has any disciplinary action been taken on this registration?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:			

<b>Signature</b>				
Board Seal	Signature:		Date Signed:	
	Printed Name:		Title:	
	State:			



THE STATE  
of

**ALASKA**

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

**Professional Licensing**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [License@Alaska.Gov](mailto:License@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov)

## Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “yes” answers. A “yes” answer is not necessarily disqualifying but concealing one may be.

Each “yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “yes” to in the box.

<b>Location of Incident:</b>		<b>Date of Incident:</b>	
<b>Explanation of Incident:</b> When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

**Did you attach all applicable documents associated with this incident?**

- Court Orders     
  Consent Agreements     
  Disciplinary Actions     
  Charging Documents  
 Court Records     
  Fitness to Practice     
  All Other Documentation Related to This Incident  
 I have additional incidents for this “yes” answer, or “yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

<b>Full Name:</b>		<b>Program:</b>	
<b>Signature:</b>		<b>Date Signed:</b>	



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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: \_\_\_\_\_

Profession Type (e.g., Acupuncture): \_\_\_\_\_

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 (fine, 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 12/06/2022

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!
1. Credit Card Number: \_\_\_\_\_
2. Expiration Date: \_\_\_\_\_
3. Security Code: \_\_\_\_\_
All 3 fields MUST be completed!
This section will be destroyed after the payment is processed.