



THE STATE
of

ALASKA

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

Board of Registration for Architects, Engineers and Land Surveyors

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: AELSBoard@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfArchitectsEngineersAndLandSurveyors

Reactivation Form for Retired Status Registration Instructions

REACTIVATION OF RETIRED STATUS REGISTRATION 12 AAC 36.115.: (a) An individual holding a retired status registration under AS 08.48.215 may use the title "architect," "engineer," "land surveyor" or "landscape architect" as appropriate, but may not indicate that the individual is practicing or soliciting to practice architecture, engineering, land surveying or landscape architecture in the state.

- (b) The board will issue an active certificate of registration to an individual who holds a retired status registration if the applicant
- (1) submits a completed application for reactivation on a form provided by the department;
 - (2) pays the biennial registration renewal fees established in 12 AAC 02.110; and
 - (3) meets the requirements of 12 AAC 36.165(b), if the individual has held a retired status registration for more than five years.

Registration:	<p>Registration is for biennial registration. Registrations expire on December 31 of odd-numbered years. If you are registered in another jurisdiction, indicate one active license:</p> <p>Jurisdiction: _____ License Number: _____</p> <p>Applicants in good standing who have been in retired status can be reactivated as follows: Complete this form, sign, and mail with fees listed on page 1 of the reactivation form.</p>
Reactivation After 5 Years:	<p>Applicants who have been in retired status for more than five years must also meet the requirements in 12 AAC 36.165(b).</p> <p>Exam Taken: _____ Date Taken: _____</p>

EXPIRED CERTIFICATES:

12 AAC 36.165 (b). An expired certificate of registration may be reinstated by

- (1) Applying for reinstatement on a form provided by the department, paying the appropriate fee in 12 AAC 02.110, and providing verification of having passed an examination that
 - (A) meets the applicable requirements of 12 AAC 36.100;
 - (B) the applicant for registration of an expired engineering certificate took to qualify for registration in this state before April 1967; or
 - (C) the applicant took to qualify for registration in another licensing jurisdiction; or
- (2) reapplying to the board for registration by comity as required in 12 AAC 36.103 – 12 AAC 36.109 and paying the appropriate fee.



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Reactivation Checklist

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

Reactivating registration that has been in retired status for less than five years:

- 1. REACTIVATION FORM**
A signed, completed reactivation form (#08-4495, pages 1-3), including answering the Professional Fitness Questions. A “yes” answer must have supporting documents submitted.
- 2. FEES**
Fees made payable to “State of Alaska.”

Biennial Registration Fee:	\$100.00
<hr/>	
Total Fees Due:	\$100.00

Reactivating registration that has been in retired status for more than five years:

- 1. REACTIVATION FORM**
A signed, completed reactivation form (#08-4495, pages 1-3), including answering the Professional Fitness Questions. A “yes” answer must have supporting documents submitted.
- 2. FEES**
Fees made payable to “State of Alaska.”

Biennial Registration Fee:	\$100.00
<hr/>	
Total Fees Due:	\$100.00
- 3. VERIFICATION OF EXAMINATION**
Verification of examination taken that meets the requirements of 12 AAC 36.165(b)(1)(A), (B), or (C).
 - a. If you have already provided this verification with your original application, and the division still has access to your original file, you do not need to duplicate it.
 - b. If your file is no longer available, you will need to submit verification of proof of passing examinations that comply with the requirements of 12 AAC 36.165(b)(1)(A), (B), or (C);

-OR-

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

Website forms are available at:

ProfessionalLicense.Alaska.Gov/BoardofArchitectsEngineersandLandSurveyors/ApplicationInstructionsandForms.aspx

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

General Information

APPLICATION PROCESSING:

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the registration may 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.

REGISTRATION TERM:

Registrations are issued for a two-year period and expire on December 31 of odd-numbered years, regardless of the date of issuance, except registrations issued within 90 days of the expiration date which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before registration expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a registrant from the responsibility of renewing a registration 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, submit an explanation with the charging and closing court documentation (e.g. court records, fitness letters, etc.).

DENIAL OF APPLICATION:

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.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant'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. The name appearing on the registration 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 08.01.100 requires a U.S. Social Security Number be on file with the division before a professional registration is issued. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.Gov*.

PUBLIC INFORMATION:

All information on the application form will be available as a public record, unless required to be kept confidential by state or federal law.

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*. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*.



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AELS

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Board of Registration for Architects, Engineers and Land Surveyors

PO Box 110806, Juneau, AK 99811-0806

Website: ProfessionalLicense.Alaska.Gov/BoardOfArchitectsEngineersAndLandSurveyors

Reactivation Form for Retired Status Registration

PART I Payment of Fees

Required Fees: (Active Registration)	<input type="checkbox"/> Architect	\$100.00
	<input type="checkbox"/> Engineer	\$100.00
	<input type="checkbox"/> Land Surveyor	\$100.00
	<input type="checkbox"/> Landscape Architect	\$100.00

PART II Personal Information

Registration Number: (If known)			
Full Legal Name: Name change: <input type="checkbox"/>			
<i>If you have had a legal name change since your last license was issued, you must complete a Change of Name form.</i>			
Mailing Address: Address change: <input type="checkbox"/>	P.O. Box or Street	City	State Zip
Contact Phone:		Date of Birth:	
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:		Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
Note: If both boxes are selected above, you will receive correspondence electronically.			
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 Continuing Education

- I have completed at least 24 professional development hours (PDH) during the 24 months immediately preceding this reactivation application meeting the requirements of 12 AAC 36.510(j).

PART IV Professional Fitness Questions

The following question must be answered. A “yes” answer may not automatically result in registration 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, unless required to be kept confidential by state or federal law.

When in doubt, disclose and explain.

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

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

"Yes" Answers

If you answered “yes” to the question above, you must submit signed and dated documentation explaining the specific circumstance(s) of the incident(s).

PART V Alaska Law

I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.48 and 12 AAC 36).



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Signature Page

Applicant Name:		
Alaska License Number (if known):		<input type="checkbox"/> <i>Application in Process</i>

PART VI Agreement

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

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

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

Applicant Signature:		Date Signed:	
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Verification of Registration and Examination

→ **Applicant:** Complete the identifying information below. This verification must be completed by the state issuing the original registration and returned directly to the Alaska board at the letterhead address or email.

Applicant Name:		Phone Number:	
Applicant Signature:		Date Signed:	

→ **State Board:** Complete this bottom part for the applicant identified above and return the form directly to the Alaska Board of Registration for Architects, Engineers and Land Surveyors at the letterhead address.

License or Certification Number:					
Original Issue Date:			Expiration Date:		
Registration Type:	<input type="checkbox"/> Architect	<input type="checkbox"/> Engineer	<input type="checkbox"/> Land Surveyor	<input type="checkbox"/> Landscape Architect	
Exam Method:	<input type="checkbox"/> Written	<input type="checkbox"/> Oral	Exam Passed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Exam Type	Hours	Results	NCEES	Exam Date	
FE			<input type="checkbox"/> Yes <input type="checkbox"/> No		
PE			<input type="checkbox"/> Yes <input type="checkbox"/> No		
FS			<input type="checkbox"/> Yes <input type="checkbox"/> No		
PS			<input type="checkbox"/> Yes <input type="checkbox"/> No		
NCARB A.R.E Division			<input type="checkbox"/> Yes <input type="checkbox"/> No		
CLARB L.A.R.E Division			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No		
FE/FS Accepted From:			PE/PS Accepted From:		Other:

1. Has any disciplinary action been taken on this registration? <i>*If yes, provide your explanation below. Additional documentation may be attached.</i>		<input type="checkbox"/> Yes* <input type="checkbox"/> No
Comments:		

Signature				
Board Seal	Signature:		Date Signed:	
	Printed Name:		Title:	
	Email:		Phone:	



Professional Licensing
PO Box 110806, Juneau, AK 99811
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Website: 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 generally considered public records, unless required to be kept confidential by state or federal law.



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

Location of Incident:		Date of Incident:	
Explanation of Incident: 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.

Full Name:		Program:	
Signature:		Date Signed:	



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee:			
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
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
			TOTAL:

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		All 3 fields MUST be completed. This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		