



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

Verification of Work Experience — Landscape Architect by Exam



Applicant:

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.*

Applicant Name:			
Start Date:		End Date:	



**Verifiers of Work
Experience:**

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.

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 answer the questions below. (See 12 AAC 36.068(c))

Applicant Name:		Job Title:	
Business Name:		Total Months:	
Job Duties:			
Describe the work he/she performed and his/her responsibilities. If applicable, list a project and the applicant's role:			
What professional association did you have with the applicant?			
If the professional association is anything other than supervisor, provide an explanation as to how this professional association allowed you to review/supervise the responsible charge experience:			
1. Would you employ this applicant in a position of trust?			<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Do you recommend the applicant for professional registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you a registered landscape architect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Were you registered at the time you supervised the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have a degree in landscape architecture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have at least eight years of experience as a landscape architect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you have at least eight years post-registration experience, the majority of which was obtained as a landscape architect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. If no stamp or seal is available below, state the reason why:	

Signature				
Professional Seal	Signature:		Date Signed:	
	Printed Name:		Title:	
	Email:		Phone:	
	Registration State:		Registration Number:	