



**PROFESSIONAL FITNESS QUESTIONS:**

The following questions **must** be answered. "Yes" answers may not automatically result in registration denial.

Since the date of your last application for registration as a land surveyor:

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Have you had any criminal convictions relating to the profession for which you are applying? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has your professional license been denied, revoked, suspended, surrendered, stipulated, on probation, or been subject to any other restriction or disciplinary action in any jurisdiction? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you been found guilty of misconduct, dishonesty, fraud, incompetence, and/or gross negligence in the practice of Land Surveying? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you been convicted, including a conviction based on a guilty plea or plea of nolo contendere, or a felony or misdemeanor (other than a minor traffic violation)? .....                      | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "Yes" to any of the above questions, please explain dates and circumstances on a separate piece of paper, and send any supporting documents that are applicable (court records, etc.).

**WARNING:** 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 land surveying by fraud or deceit. The person may also be subject to criminal charges for perjury or unsworn falsification. (AS 11.56.210 and AS 11.56.230)


Please be aware that all information on this renewal form will be available to the public unless required to be kept confidential by state or federal law.

**CONTINUING EDUCATION REQUIREMENTS**

**Do not send documentation of continuing education unless requested to do so in writing from the AELS Board. Read carefully and check the appropriate box:**

- I have completed, during the licensing period January 1, 2008 through December 31, 2009, at least 30 professional development hours (PDH). (#s 1 – 11911) I have earned an additional \_\_\_\_\_ PDH and wish to apply these to the next biennial period. (Per 12 AAC 36.410(f) a registrant may carry forward 15 PDH.)
- I am not subject to continuing education requirements for this renewal only because my original registration was issued on or after January 1, 2008. (#s 11912 and higher)
- I am exempt from the continuing education requirements because I have been on active duty in the armed forces of the United States exceeding 120 consecutive days within a 12-month period during this renewal period. (Must provide documentation.)
- I am exempt from the continuing education requirements for this renewal period because my registration is being renewed in Retired Status.
- I am requesting an exemption from the continuing education requirements for this renewal period for reasons stated on an attached sheet of paper. (12 AAC 36.430 – the board, in its discretion, may grant an exemption for someone experiencing a physical disability, serious illness, family emergency or other extenuating circumstance.)

**I certify that the information in this application is true and correct.**

SIGN HERE 

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**GENERAL INFORMATION**

**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 two inches.

**NAME CHANGE.** If you have had a legal name change since your last registration was issued, enclose a copy of the legal document (marriage certificate, divorce decree, etc.) as proof of the change.

**EXCEPTION FROM SOCIAL SECURITY NUMBER REQUIREMENT.** If you do not have a United States Social Security Number or you are a foreign citizen unable to obtain a United States Social Security Number, please contact the division for a Exception to Social Security Number Requirement form (DCCED Form 08-4372) or obtain the form at <http://www.commerce.state.ak.us/occ/>.

**NOTIFICATION OF PROPOSED REGULATION CHANGES**

If you would like to receive notice of all proposed architect, engineer, land surveyor, and landscape architect regulation changes, please send a written request to add your name to the Board of Architects, Engineers, and Land Surveyors Interested Parties List 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**



State of Alaska  
 Department of Commerce, Community, and Economic Development  
 Division of Corporations, Business and Professional Licensing  
 PO Box 110806, Juneau, Alaska 99811-0806  
 Phone: (907) 465-2550  
 Fax: (907) 465-2974

OFFICE USE ONLY

**CREDIT CARD PAYMENT**

For security purposes, please **do not email** credit card information. Fax or mail this form to the Division. Completion of this form is not proof of payment until the division processes the information contained herein. If any information on this form is illegible, the form will be rejected. Please print.

Name of Applicant or Licensee: \_\_\_\_\_  
*Corporate or Individual (first, middle, last)*

License Number (if applicable): \_\_\_\_\_

Type of License: \_\_\_\_\_

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"/> Fine                     | _____  |
| <input type="checkbox"/> Other (specify): _____   | _____  |

**Total:** \_\_\_\_\_

Print Name on Credit Card: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Signature of Credit Card Holder:** \_\_\_\_\_

Credit Card Type *(check one)*:       VISA                       MASTERCARD

**Card Number:** \_\_\_\_\_

**Please provide the 3-digit security code number from the back of the card:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_