



THIS SECTION **MUST** BE COMPLETED.

**LIST ADDITIONAL PERSON(S) ON AN SEPARATE SHEET, IF NECESSARY**

**Designation of person(s) presently in responsible charge for each specific branch of practice as required by AS 08.48.241.**

1.	_____	_____	_____	_____
	Last Name	First Name	Branch of Practice	Alaska Registration No.
2.	_____	_____	_____	_____
	Last Name	First Name	Branch of Practice	Alaska Registration No.
3.	_____	_____	_____	_____
	Last Name	First Name	Branch of Practice	Alaska Registration No.
4.	_____	_____	_____	_____
	Last Name	First Name	Branch of Practice	Alaska Registration No.

**General Information**

The AELS Board publishes a quarterly meeting summary. The meeting summary may be viewed at the following Internet site: <http://www.commerce.alaska.gov/occ/pael.cfm>. (Click on Board Meeting Summaries). If you do not have access to the Internet, your local library may be able to assist you with access. If you would like a hard copy mailed to you, contact the Division and the most recent AELS meeting summary will be mailed to you at no cost. In addition to other helpful information, this Internet site contains licensing applications/requirements, regulation proposals, and staff contact information.

**You MUST answer the following questions:**

Since your last application for renewal of your COA:

**YES NO**

- Has there been a change in the person(s) designated in responsible charge of your corporation, LLC, or LLP? If "YES" you must submit a certified resolution of the board of directors, managing members or manager, or the general partners designating the person(s) now in responsible charge. There is a \$50 fee for this change. The Amendment Form , No. 08-4409, is available on the AELS web site: [www.commerce.alaska.gov/occ/pael.cfm](http://www.commerce.alaska.gov/occ/pael.cfm). or you may contact the division (AELS section) for an amendment form. ....
- Has the corporation, LLC, LLP or any of the person(s) designated in responsible charge or any principals of the corporation, LLC or LLP 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 has the corporation, LLC, LLP or any of the person(s) designated in responsible charge or any of the principals of the corporation, LLC or LLP 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 held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending? .....

ALL INFORMATION PROVIDED WITH THIS APPLICATION IS CONSIDERED PUBLIC INFORMATION UNLESS REQUIRED TO BE KEPT CONFIDENTIAL BY STATE OR FEDERAL LAW.

**I certify under penalty of unsworn falsification that the information furnished is true and correct.**

SIGN HERE 

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date

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

**WARNING:** In accordance with AS 11.56.210, any person who knowingly or intentionally furnishes false or fraudulent information in this application is subject to imprisonment for not more than one year, a fine of not more than \$5,000, or both.



State of Alaska  
 Department of Commerce, Community, and Economic Development  
 Division of Corporations, Business and Professional Licensing  
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 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):

- |   |                     |
|---|---------------------|
| <input type="checkbox"/> Application fee          | Amount              |
| <input type="checkbox"/> License (or renewal) fee | _____               |
| <input type="checkbox"/> Fine                     | _____               |
| <input type="checkbox"/> Other (specify): _____   | _____               |
|   | <b>Total:</b> _____ |

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

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

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

Email Address (optional): \_\_\_\_\_

Credit Card Type (check one):  VISA  MASTERCARD

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

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

*The bottom section of this form will be destroyed upon processing of the payment.*