



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
333 Willoughby Avenue, 9th Floor, State Office Building
P.O. Box 110806
Juneau, Alaska 99811-0806
Phone: (907) 465-2540 ★ E-mail: license@alaska.gov

APPLICANT INSTRUCTIONS FOR ARCHITECT REGISTRATION BY EXAMINATION OR COMITY

PLEASE READ THE APPLICATION, STATUTES, REGULATIONS, AND THESE INSTRUCTIONS BEFORE COMPLETING YOUR APPLICATION.

APPLICATIONS WILL BE PROCESSED according to the date received. The board meets four times a year, usually in February, May, August, and November. Written notification of action taken by the board will be mailed approximately three weeks after the board meeting. All documents received prior to receipt of application will be held up to one year and matched with an application upon receipt.

THE APPLICATIONS are updated frequently. If you obtained this application other than directly from the Division's official website the application may be outdated. Please check the website for the latest version. (www.commerce.state.ak.us/occ/pael.cfm)

A DENIAL OF AN APPLICATION for registration may be reported to any person; professional licensing board; federal, state or local government agency; other entity making a relevant inquiry; or as may be required by law.

ALASKA REGISTERS ARCHITECTS BY EXAMINATION, 12 AAC 36.060, or COMITY, 12 AAC 36.103. 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.

FEES

The application fee required is the nonrefundable fee in effect on the date the application is received by the Division of Corporations, Business and Professional Licensing. The exam and registration fees which are in effect on the date of exam or date of initial registration are the required fees. In the event exam or registration fees change after you have applied the amount due will be recalculated based on the fees in effect at the time of exam or registration.

COMITY APPLICANTS must comply with the following:

1. Complete pages 1 through 4 of the application (even though submitting NCARB record), and include the applicable fees.
2. NCARB must submit a current Bound Blue Book Council certificate for comity applicants.

EXAMINATION APPLICANTS must comply with the following:

1. Complete pages 1 through 4 of the application (even though submitting NCARB record), and include the applicable fees.
2. NCARB must submit an "NCARB IDP Council Record with Application for Jurisdiction Registration with Council Certification" (also referred to as an NCARB Green Cover IDP Council Record). Please notify the Division when you have requested a transmittal.

NOTE: To guarantee transmittal of the IDP Council record for exam, NCARB requires that the Council Record be established at least one year in advance of the registration board's application deadline.

APPLICATION DEADLINE FOR COMITY OR EXAMINATION

For the board to review an application for registration by examination or comity, the application, fees, and supporting documents, i.e., NCARB Council Certificates, as appropriate, must be **received in the Juneau office no later than ten days before** the date of the next scheduled board meeting. **(The completed application must be typed and notarized and is available, along with the board's meeting schedule, on the board's website at <http://www.commerce.state.ak.us/occ/pael.cfm>).**

Once the board approves your application for exam you will be notified in writing. The Division will submit your eligibility to NCARB, who will notify you of exam scheduling requirements.

RETAKE A FAILED EXAM

An applicant may repeat a failed division six months after an unsuccessful attempt.

Effective July 27, 1997, an applicant may apply for reexamination no more than four times within the five years after the date that the applicant filed the original application for examination. If the applicant has not passed the exam after five attempts or within the five years after first applying for the exam, the applicant will be subject to submitting a new application under 12 AAC 36.010.

To retake a failed examination applicants must call the testing agency.

ARCTIC ENGINEERING REQUIREMENT

ALL ARCHITECT APPLICANTS must successfully complete a board-approved arctic engineering course (listed on web page <http://www.commerce.state.ak.us/occ/pub/baac.pdf>). You may submit your application PRIOR to completion of the course to expedite the application process. If you have already completed the course indicate that information on the application (12 AAC 36.110(a)).

SPECIAL EXAM NEEDS

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the examination, you must submit a written request for testing modifications to the board along with your application.

The applicant must have a licensed professional complete and submit directly to the board the "Documentation of Disability-Related Needs", Form 08-4214, available from the Division web page: <http://www.commerce.ak.us/occ/home.htm>. Requesting special accommodations and the "Documentation of Disability-Related Needs" form will be submitted to NCARB to review for fairness, security, and psychometric impact.

REFERENCES

List five references, three of whom must be registered architects, having personal knowledge of your architectural education, training, or experience. References may be contacted by the board for additional information. You must provide registration numbers for your references who are professional architects.

RULES OF PROFESSIONAL CONDUCT

Please read the statutes and regulations (AS 08.48 and 12 AAC 36.210) and sign the application where indicated, agreeing to exemplify and abide by these rules.

AFFIDAVIT

Sign your application before a Notary Public or other officer authorized to administer oaths. Applications received without a notarized signature will be returned to the applicant.

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." Board policy requires the date to be within two inches of the seal.

SOCIAL SECURITY REQUIREMENT

AS 08.01.060 requires an applicant for a professional license to provide a United States Social Security Number. Applicants who do not have a social security number must complete the "Request for Exception from Social Security Number Requirement" form located at www.commerce.state.ak.us/occ or contact the division for a copy of the form.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Post-Secondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

BUSINESS LICENSING

If you are self-employed or are practicing as a partnership, please contact Business Licensing at (907) 465-2550 or access the Internet for an application. The Internet address is: <http://www.commerce.ak.us/occ/buslic.htm>. If the business is a corporation, limited liability company or limited liability partnership, contact the division for further instructions.

CORPORATE, LIMITED LIABILITY COMPANY (LLC) AND LIMITED LIABILITY PARTNERSHIP (LLP) AUTHORIZATION (12 AAC 36.135(1)(B), 12 AAC 36.135(6))

Corporations, LLCs, and LLPs doing architectural, engineering, land surveying, or landscape architectural business in Alaska must hold a business license as well as hold corporate, LLC, or LLP authorization with the Board of Registration for Architects, Engineers and Land Surveyors. In addition, corporations, LLCs and LLPs 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) 465-2530; P.O. Box 110808, Juneau, Alaska 99811-0808; or access the internet home page at <http://www.commerce.state.ak.us/occ>.

PUBLIC INFORMATION

Please be aware that all information on this form will be available to the public unless required to be kept confidential by state or federal law. Current licensee information, including mailing address, is available on the Division's website at www.commerce.state.ak.us/occ under "Professional License Search."

INTERNET INFORMATION

Certain forms can be printed by accessing the Division's AELS page at the following address: <http://www.commerce.state.ak.us/occ/pael.cfm> or by following the links from the Alaska state home page at <http://www.state.ak.us>.

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FOR OFFICE USE ONLY

APPLICATION FOR ARCHITECT REGISTRATION BY EXAMINATION OR COMITY

ORIGINAL, COMPLETED, TYPED, NOTARIZED APPLICATION AND ALL FEES MUST BE RECEIVED IN THE JUNEAU OFFICE BY THE DEADLINE DATE.

\$275.00 Comity* (\$50.00 nonrefundable application fee, \$100.00 review fee, \$125.00 registration fee)

\$175.00 A.R.E. Exam: (\$50.00 nonrefundable application fee; \$125.00 registration fee)

CHECK DIVISION NEEEDED: PP (Programming, Planning & Practice) BD (Building Design) BS (Building Systems) CD (Construction Documents) SD (Schematic Design) SP (Site Planning) SS (Structural Systems)

ALL DIVISIONS
(Exam fees are paid directly to testing agency upon Board approval of application)

\$20.00 Wall Certificate (optional) - issued upon registration and signed at the next board meeting

(MAKE CHECK OR MONEY ORDER PAYABLE TO THE STATE OF ALASKA.)

NOTE: Fees are subject to change in accordance with AS 08.01.065. Exam and comity applicants must meet 12 AAC 36.050 for application filing deadlines. You will not be scheduled for any exam until your application is approved by the board.

If your application is incomplete at the time of the deadline or prior to a board meeting your file will be held pending receipt of required documents up to 12 months, and then your file will be considered abandoned. (See 12 AAC 02.910)

**THE COMPLETE APPLICATION MUST BE TYPED
ALL SECTIONS OF THE APPLICATION MUST BE COMPLETED FOR ALL APPLICANTS**

GENERAL INFORMATION

Title: Mr. Ms. Mrs. (optional)

Name _____
Last First Middle Name or Initial, as you wish it to appear on your registration.
Maiden Name (if applicable): _____

Birth Date _____ Social Security Number _____
(Required by AS 08.01.060) If you are a foreign citizen unable to obtain a United States Social Security Number, please contact the division for further instructions.

Mailing Address _____
City _____ State _____ ZIP Code _____

Business Name _____
Business Address _____
City _____ State _____ ZIP Code _____

Present Position _____
Work Telephone _____ Home Telephone _____

OPTIONAL: Fax Number _____ E-mail Address: _____

PERSONAL AND PROFESSIONAL REFERENCE LIST - (AS 08.48.201(a)(3))

NOTE: All sections must be completed even though submitting an NCARB Council Record.

Name	Address	Daytime Telephone	Occupation	Registration No.	State
1.					
2.					
3.					
4.					
5.					

EXAMINATION AND REGISTRATION

NCARB EXAMS PASSED:

A.R.E. DIVISION	STATE	YEAR	A.R.E. DIVISION	STATE	YEAR

OTHER NCARB EXAM	STATE	YEAR	OTHER NCARB EXAM	STATE	YEAR

PROFESSIONAL REGISTRATIONS: List all states where you hold or have held registration. Use a separate sheet if necessary. Verification of current registration will be provided via NCARB council certificate.

Type of License	State	Year Registered	Hours Written Examination	Reciprocity or Grandfather	Active or Lapsed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TECHNICAL EDUCATION

Name and Address of Institution	Years Attended		Date of Graduation	Degree Received
	From	To		

STATEMENT OF PROFESSIONAL EXPERIENCE

Read and complete all columns - list in date order with most recent experience first - (attach supplemental sheets if necessary)

Date		Title of Position and Character of each Engagement. Be Specific. List in chronological order.	Name and Address of Employer or Person Most Familiar with Engagement	Time in Months
From	To			Total Months

**DEFINITION OF RESPONSIBLE CHARGE
(12 AAC 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 which demand resourcefulness and originality, or making plans, writing specifications, and directing drafting and computations for the design of architectural, engineering, or land surveying work with only rough sketches, general information, and field measurements for reference.

***Responsible charge experience is counted within the total experience time accumulated.**

ARCTIC REQUIREMENT (See 12 AAC 36.110)

Board-approved, arctic engineering, university-level course completed or in progress:
Date: _____ College: _____ (Board Approved Arctic Courses listed on web page http://www.commerce.state.ak.us/occ/pub/baac.pdf)

GENERAL INFORMATION QUESTIONS - (AS 08.48.111)

YES NO

1. Have you had any criminal convictions relating to the profession for which you are applying?
2. Has your professional registration been denied, revoked, suspended, surrendered, stipulated, on probation, or been subject to any other restriction or disciplinary action in any jurisdiction?
3. Have you been found guilty of misconduct, dishonesty, fraud, incompetence, and/or gross negligence in the practice of Architecture?
4. Have you been convicted, including a conviction based on a guilty plea or plea of nolo contendere, of a felony or misdemeanor (other than a minor traffic violation)?

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

All information provided with your response will be considered public information unless required to be kept confidential by state or federal law.

RULES OF PROFESSIONAL CONDUCT

I hereby certify that I have read the Alaska Statutes Section 08.48 and Professional and Vocational Regulations Title 12, Chapter 36, Alaska Administrative Code, and agree to abide by the rules of professional conduct as set forth therein.

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 architecture by fraud or deceit. The person may also be subject to criminal charge for perjury. (AS 11.56.230)

APPLICANT SIGN HERE 

Signature of Applicant
(IN PRESENCE OF NOTARY)

AFFIDAVIT

STATE OF _____)
Borough-County of _____) ss.

_____, being duly sworn, deposes and says: I am the applicant named in this application, have read the contents thereof and, to the best of my knowledge and belief, the foregoing statements are true and correct in every respect.

SUBSCRIBED AND SWORN TO before me this _____ day of _____, _____.

Notary Public

State of _____

My Commission Expires: _____

APPLICANT CHECKLIST

Registration by Comity

Architects

State of Alaska Board of Registration for Architects, Engineers and Land Surveyors

P.O. Box 110806

Juneau, Alaska 99811-0806

(907) 465-2540 H Fax: (907) 465-2974

E-mail: license@alaska.gov

ALL SECTIONS OF THE APPLICATION MUST BE COMPLETED EVEN THOUGH SUBMITTING AN NCARB COUNCIL RECORD.

- 1. Completed **TYPEWRITTEN, NOTARIZED** application.
 - 2. NCARB Blue-Cover Certificate Record.
 - 3. Arctic and Seismic Requirement (12 AAC 36.110). Application may be submitted and reviewed by the board before arctic class is completed.
 - 4. Fees: \$275.00 (\$50.00 nonrefundable application fee, \$100.00 board review fee, and \$125.00 registration fee). (Board review fee is nonrefundable after file is reviewed by the board.)
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Architect Registration by Exam

- 1. Completed **TYPEWRITTEN, NOTARIZED** application.
 - 2. Fees: \$175.00 (\$50.00 nonrefundable application fee, \$125.00 biennial registration fee).
 - 3. Completed bound green cover NCARB council record that must include verification of an NAAB degree or compliance with NCARB's alternative education standard.
 - 4. Arctic Requirement: Successfully complete a board-approved university level course in arctic engineering or its equivalent (12 AAC 36.110). Board approved arctic engineering courses are listed on the AELS web page at: www.commerce.state.ak.us/occ/pub/baac.cfm. NOTE: Your file may go to the board for review before completion of the arctic requirement, but this requirement must be satisfied prior to registration.
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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: _____