

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
P.O. BOX 110806, JUNEAU, ALASKA 99811-0806
(907) 465-2540
E-mail: license@alaska.gov

FOR OFFICE USE ONLY

APPLICANT
FILE NUMBER: _____

**APPLICATION FOR OPENING A FILE FOR RETENTION
OF LAND SURVEYOR WORK VERIFICATION FORMS
(AS PROVIDED FOR IN 12 AAC 36.066)**

DIRECTIONS: **FEE: \$50**

1. Read Statutes and Regulations.
2. Type the application. Handwritten applications will be returned.
3. Read items 1–8 at bottom; sign and date on the indicated lines.
4. Submit the application and fee (\$50) check or money order payable to the State of Alaska – to the Juneau office at the address above.

THIS IS NOT AN APPLICATION FOR EXAMINATION OR REGISTRATION.

Title (Optional): Mr. Ms. Mrs. Maiden Name (if applicable): _____

Name: _____
Last First Middle Name or Initial

Mailing Address: _____
Street or P.O. Box City State Zip Code

Physical Address: _____
Street City State Zip Code

Date of Birth: _____ Social Security Number (Optional): _____

Home Telephone Number: _____ Work Telephone Number: : _____

E-mail Address (Optional): _____ Fax Number (Optional): _____

By my signature below, I acknowledge and agree to the following:

1. I have read all applicable statutes and regulations, including 12 AAC 36.066 on the reverse side.
2. This is an application to open a file for retention of land surveyor work verification forms; it is NOT an application for examination or registration.
3. The Department will maintain this file for a period of five (5) years from the date the application and fees are received in the Juneau office.
4. Before the end of the five-year period, I may submit a new application and applicable fees and request the Department to maintain the file for an additional five years.
5. It is my responsibility to reapply before the end of the five-year term; the Department will NOT notify me in advance of the file termination date.
6. Work verification forms submitted for this file will not be reviewed by the staff or the board until I submit a complete application and all fees for land surveyor registration by comity or examination.
7. All work verification forms must be submitted directly to the Department by my employers or supervisors, and must be on a form prescribed by the board.
8. The \$50 fee is nonrefundable and may not be applied to any registration or examination fees.

Applicant's Signature

Date

**ALASKA BOARD OF REGISTRATION FOR ARCHITECTS,
ENGINEERS AND LAND SURVEYORS**

12 AAC 36.066. VERIFICATION OF LAND SURVEYOR WORK EXPERIENCE. (a) In support of an application for examination or registration as a land surveyor, an applicant shall arrange for verification of the work experience required in 12 AAC 36.064 and 12 AAC 36.065 to be submitted to the board. Verification of work experience must be on a form prescribed by the board and must be completed and submitted directly to the board by the employer who is verifying the applicant's experience.

(b) Department staff shall open a file for retention of completed work verification forms for an individual who has not yet submitted an application for examination or registration as a land surveyor if the individual

- (1) submits a written request to open a work verification file; and
- (2) attaches the file opening fee established in 12 AAC 02.110.

(c) Department staff shall maintain a work verification file for five years from the date that an individual completes the requirements of (b) of this section. Before end of that five years, an individual may request that the department maintain a work verification file for an additional five years by again completing the requirements of (b) of this section.

(d) A work verification form received for an individual will be reviewed by the board or the department only after that individual submits an application for registration as a land surveyor.

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
 P.O. BOX 110806
 JUNEAU, ALASKA 99811-0806
 (907) 465-2540
 E-mail: license@alaska.gov

LAND SURVEYOR WORK VERIFICATION

SOCIAL SECURITY NO. (Optional): _____

NAME: _____ (Applicant) COMPANY: _____ (Employer)

(NOTE: If you have a work verification file open with the board, identify your Applicant File Number _____.
 If you need information regarding opening a file, contact the division at the above address.)

SUPERVISOR: _____ DATES OF EXPERIENCE: _____
 (Calendar Dates)

WORK EXPERIENCE (in Months)
(To be completed by applicant)

FIELD	Date(s) From/To	OFFICE	Date(s) From/To
Control or Geodetic Surveys		Boundary Computations	
Topographic Surveys		Field Note Reduction	
Staking Property Boundaries (Location & Monumentation)		Subdivision Design & Property Description Preparation	
Construction Layout (including Building Trades experience)		Survey Project Administration (as Project Manager)	
Professional Judgment Decisions Regarding Placement of Lines or Corners		Plat & Deed Research (Title Research)	
Other (Explain Below):		Other (Explain Below):	

EXPLANATION of "Other" Field or Office Experience (Use a separate page if necessary)

Supervision of Field Party: Yes No Supervision of Office Personnel: Yes No

Estimated Percentage of Time Supervising: Field Party: _____ Office: _____

APPLICANT

NOTE: No more than 12 months education or experience may be counted in any 12-month period. If you went to school full-time for a school year, you may count that time as a full year for education, but no summer experience may be counted toward "work experience."

It is recommended that surveying employees have this sheet completed approximately every year, thus limiting the research time required to verify experience. Employees may request that a copy of the completed form be placed in their employer's personnel file in case a backup copy is needed in the future. **Original work verifications should be submitted directly to the Alaska Board of Registration for Architects, Engineers and Land Surveyors (AELS) by the Supervisor or Professional Licensee certifying the work experience.**

DEFINITIONS

Please refer to the statutes and regulations referenced.

AS 08.48.341(10) "**practice of land surveying**" means the teaching of land surveying courses at an institution of higher learning, or any service or work the adequate performance of which involves the application of special knowledge of the principles of mathematics, the related physical and applied related sciences, and the relevant requirements of law for adequate evidence of the act of measuring and locating land, geodetic and cadastral surveys for the location and monumentation of property boundaries, for the platting and planning of land and subdivisions of land, including the topography, alignment and grades for streets, and for the preparation and perpetuation of maps, record plats, field note records and property descriptions that represent these surveys;

12 AAC 36.065(b) "**Responsible charge**" of professional land surveying (P.L.S.) means work as a supervisor under the responsible control of a land surveyor registered in the United States, and working in the "practice of land surveying" as described in AS 08.48.341(11). The remainder of the required work experience listed in (a) of this section must be derived from office or fieldwork involving the activities listed in AS 08.48.341(11). Partial completion of a curriculum leading to a degree in land surveying will be considered by the board in determining applicable work experience. The board will determine the amount of credit given for responsible charge experience gained under the responsible control of a professional in engineering based on applicability to professional land surveying.

SUPERVISOR

NOTE: Was applicant continuously employed during calendar dates listed on reverse? Yes No
If not, give number of months of actual employment on this report: _____

SUMMARY (in Months)
(To be completed by Supervisor or Professional Licensee)

	Months		Months
Field Work Eligible as "Responsible Charge"		Office Work Eligible as "Responsible Charge"	
Field Work Not Eligible as "Responsible Charge"		Office Work Not Eligible as "Responsible Charge"	

TOTAL **MONTHS** OF SURVEYING EXPERIENCE (On This Page): _____

TOTAL **MONTHS** RESPONSIBLE CHARGE (On This Page): _____

If responsible charge experience is credited to the applicant, give a brief description of a typical project for which applicant demonstrated professional judgment and responsible charge experience and the character of the duties required by the project:

Typical Project Description:

PROFESSIONAL REGISTRANT CERTIFICATION

Name: _____

Place Professional Seal Here

Signature: _____

Address: _____

City, State, Zip: _____

Date: _____ Telephone No.: _____

Registration No.: _____ State: _____

Were you licensed at the time of supervision? Yes No

NOTE: This document must be submitted directly to the Division by the Supervisor.



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: _____

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.