

OTHER INFORMATION:

Incomplete applications or insufficient fees will result in your reactivation application being rejected.

Other Requirements under 12 AAC 36.165:

- (e) An applicant for reinstatement of an expired certificate of registration shall meet the requirements of 12 AAC 36.110(a) unless the applicant was originally registered in the state based on an acceptable treatise.
- (f) Notwithstanding (b) of this section, the board may require an applicant for reinstatement who has been sanctioned for any of the conduct described in 12 AAC 36.320 in the ten years preceding the application for reinstatement to be re-examined under 12 AAC 36.100.

PROFESSIONAL FITNESS

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 an Alaska architect, engineer, land surveyor, or landscape architect:

	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 registration 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 Architecture, Engineering, Land Surveying, or Landscape Architecture?	<input type="checkbox"/>	<input type="checkbox"/>
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)?.....	<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.).

Land Surveyors: By my signature below I certify that I have complied with the continuing education requirements pursuant to 12 AAC 36.400 – 12 AAC 36.450.

Architects, Engineers and Landscape Architects: By my signature below I certify that I have complied with the continuing education requirements pursuant to 12 AAC 36.500 – 12 AAC 36.550.

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, engineering, land surveying, or landscape architecture by fraud or deceit. The person may also be subject to criminal charges for unsworn falsification (AS 11.56.210).

I certify that the information in this reinstatement form is true and correct.

SIGN HERE 

_____ Applicant's Signature

Date: _____

GENERAL INFORMATION

Expired Certificates

- 12 AAC 36.165 (b).** An expired certificate of registration may be reinstated by
- (1) Applying for reinstatement on a form provided by the department, paying the appropriate fee in 12 AAC 02.110, and providing verification of having passed an examination that
 - (A) meets the applicable requirements of 12 AAC 36.100;
 - (B) the applicant for registration of an expired engineering certificate took to qualify for registration in this state before April 1967; or
 - (C) the applicant took to qualify for registration in another licensing jurisdiction; or
 - (2) reapplying to the board for registration by comity as required in 12 AAC 36.103 – 12 AAC 36.109 and paying the appropriate fee.

Social Security Requirement

If you are a foreign citizen unable to obtain a United States Social Security Number, please contact the division for further instructions.

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
Board of Registration for Architects, Engineers and Land Surveyors
P.O. Box 110806
Juneau, Alaska 99811-0806
(907) 465-2540
Fax: (907) 465-2974
E-mail: license@alaska.gov

REINSTATEMENT CHECKLIST

Please use this checklist to assure that you have completed or requested all required documentation.

REINSTATING A REGISTRATION THAT HAS BEEN IN LAPSED STATUS FOR MORE THAN FIVE YEARS (EXPIRED REGISTRATION):

1. Completed reinstatement form, including answering the Professional Fitness Questions on Page 2. Any "Yes" answers must have supporting documents submitted.
2. Fees: \$125 biennial registration fee. Make check payable to "State of Alaska."
3. Verification of examination taken that meets the requirements of 12 AAC 36.165(b)(1)(A), (B), or (C).

If you have already provided this verification with your original application, and the Division still has access to your original file, you do not need to duplicate it.

If your file is no longer available, you will need to submit verification of proof of passing examinations that comply with the requirements of 12 AAC 36.165(b)(1)(A), (B), or (C);

OR

In place of #1, #2, and #3, reapply to the board for registration by comity as required by 12 AAC 36.103-.109.

(Website forms are available at <http://www.commerce.state.ak.us/occ/pael.cfm>. Click on initial applications and scroll to the appropriate form.)

Note: Verification of examination or registration must be submitted directly from the licensing jurisdiction where examinations were taken on where registration is held to the Juneau office at the address or fax number given above.

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
 P.O. Box 110806
 Juneau, Alaska 99811-0806
 (907) 465-2540
 Fax: (907) 465-2974
 E-mail: license@alaska.gov

VERIFICATION OF REGISTRATION AND EXAMINATION

APPLICANT: REGISTRATION BOARDS REQUIRE THAT YOU INCLUDE A STAMPED, ADDRESSED ENVELOPE WITH THIS VERIFICATION, WHICH MUST BE COMPLETED BY THE STATE ISSUING ORIGINAL REGISTRATION AND RETURNED DIRECTLY TO THE ALASKA BOARD AT THE ADDRESS GIVEN ABOVE. TOP PORTION TO BE FILLED IN BY THE APPLICANT:

NAME AND MAILING ADDRESS OF BOARD SUBMITTING THIS VERIFICATION	_____ (Applicant Name)			
	_____ (Mailing Address)			
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"> _____ (City) </td> <td style="width: 33%; text-align: center;"> _____ (State) </td> <td style="width: 33%; text-align: center;"> _____ (ZIP Code) </td> </tr> </table>	_____ (City)	_____ (State)	_____ (ZIP Code)
_____ (City)	_____ (State)	_____ (ZIP Code)		
	_____ (Telephone Number)			
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> _____ (SS#) </td> <td style="width: 50%; text-align: center;"> _____ (Date of Birth) </td> </tr> </table>	_____ (SS#)	_____ (Date of Birth)	
_____ (SS#)	_____ (Date of Birth)			

THIS PORTION TO BE FILLED IN BY THE VERIFYING BOARD:

I. The above-named person was/is registered as:

	Cert. Number	Date Issued	Valid Until
<input type="checkbox"/> Professional Engineer in _____ (list discipline)	_____	_____	_____
<input type="checkbox"/> Professional Land Surveyor	_____	_____	_____
<input type="checkbox"/> Professional Architect	_____	_____	_____
<input type="checkbox"/> Professional Landscape Architect	_____	_____	_____

II. Exam Verification

The above-named person passed the following examination(s):

	Hours	Results	NCEES: YES/NO	Exam Date
1. <input type="checkbox"/> Written Examination:				
Discipline: _____	FE _____	_____	_____	_____
	PE _____	_____	_____	_____
	FS _____	_____	_____	_____
	PS _____	_____	_____	_____

Applicant Name: _____

Written Exam (continued):

NCARB A.R.E. Division: _____

CLARB L.A.R.E Division: _____

OTHER (use back if needed): _____

2. Oral Examination: PE: _____ hrs. PS: _____ hrs. A.R.E: _____ hrs. L.A.R.E.: _____ hrs.

3. FE/FS accepted from: _____

PE/PS accepted from: _____

4. Other: _____

III. Has any disciplinary action been taken on this license? No Yes (Please explain on reverse side)

IV. Remarks: _____

BY: _____

TITLE: _____

STATE: _____

DATE: _____

(BOARD SEAL)



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: _____