



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, AK 99811-0806
Phone: (907) 465-2540 Fax: (907) 465-2974
E-mail: license@alaska.gov Website: http://www.commerce.state.ak.us/occ/pael.cfm

ARCHITECT, ENGINEER, LAND SURVEYOR & LANDSCAPE ARCHITECT
REACTIVATION FORM FOR RETIRED REGISTRATION

REACTIVATION OF RETIRED STATUS REGISTRATION 12 AAC 36.115. (a) An individual holding a retired status registration under AS 08.48.215 may use the title "architect," "engineer," "land surveyor" or "landscape architect" as appropriate, but may not indicate that the individual is practicing or soliciting to practice architecture, engineering, land surveying or landscape architecture in the state.

- (b) The board will issue an active certificate of registration to an individual who holds a retired status registration if the applicant
(1) submits a completed application for reactivation on a form provided by the department;
(2) pays the biennial registration renewal fees established in 12 AAC 02.110; and
(3) meets the requirements of 12 AAC 36.165(b), if the individual has held a retired status registration for more than five years.

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

REGISTRATION

Registration is for biennial registration. The current registration period is January 1, 2010 through December 31, 2011. If you are registered in another jurisdiction please indicate one active registration: Jurisdiction \_\_\_\_\_ Number \_\_\_\_\_. Applicants in good standing who have been in retired status can be reactivated as follows: Complete this form, sign, and mail in with fees listed below and your reactivated registration will be mailed to you.

REACTIVATION AFTER 5 YEARS

Applicants who have held retired status for more than five years must also meet the requirements in 12 AAC 36.165(b). Exam taken \_\_\_\_\_ Date taken \_\_\_\_\_ (see page 2 for regulation).

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.

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.

PUBLIC INFORMATION

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

CHECK APPROPRIATE STATUS BOX



- ACTIVE REGISTRATION \$125.000
Architect Engineer Land Surveyor Landscape Architect

Title: Mr. Ms. Mrs. (Optional)

Name: Last First Middle

Daytime Telephone Number: Registration Number, if known:

Social Security Number: Date of Birth: (Required by AS 08.01.100) - If you are a foreign citizen unable to obtain a United States Social Security Number, please contact the division for further instructions.

Mailing Address

Street or P.O. Box City State ZIP Code

Email:

**PROFESSIONAL FITNESS**

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

## **REACTIVATION CHECKLIST**

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

### **REACTIVATING REGISTRATION THAT HAS BEEN IN RETIRED STATUS FOR LESS THAN FIVE YEARS:**

1. Completed reactivation form, including answering the Professional Fitness Questions on Page 2. Any "Yes" answers must have an explanation and supporting documents submitted.
2. Fees: \$125 biennial registration fee. Make check payable to "State of Alaska."

### **REACTIVATING REGISTRATION THAT HAS BEEN IN RETIRED STATUS FOR MORE THAN FIVE YEARS:**

1. Completed reactivation form, including answering the Professional Fitness Questions on Page 2. Any "Yes" answers must have an explanation and 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 to the Division's Juneau office at the address or fax number given above.



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: \_\_\_\_\_

A.R.E. accepted from : \_\_\_\_\_

L.A.R.E. accepted from: \_\_\_\_\_

4.  Other: \_\_\_\_\_

III. Has any disciplinary action been taken on this registration?  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:** \_\_\_\_\_