



THE 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**

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550 • Fax: (907) 465-2974

Email: [AELSboard@Alaska.Gov](mailto:AELSboard@Alaska.Gov)

[ProfessionalLicense.Alaska.Gov/BoardOfArchitectsEngineersAndLandSurveyors](http://ProfessionalLicense.Alaska.Gov/BoardOfArchitectsEngineersAndLandSurveyors)

---

## Engineer by Comity Registration Application Instructions

Applications are processed according to the date received. The Board meets four times a year, usually in February, May, August, and November. Board meeting dates are posted on the Board's website.

- ! **Applications and supporting documents, (work experience verifications, official transcripts and verification of registration and examination) and nonrefundable application fees must be received in the Juneau office 30 days before a scheduled board meeting.**

Applicants will be notified via email of action taken by the Board as soon as possible, but not more than 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.

This application is for individuals applying to register by comity for professional engineering in only the following disciplines:

- Agricultural
- Chemical
- Civil
- Control Systems
- Electrical
- Environmental
- Fire Protection
- Industrial
- Mechanical
- Metallurgical and Materials
- Mining and Mineral Processing
- Naval Architecture and Marine
- Nuclear
- Petroleum
- Structural

Alaska does NOT offer 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.

— 12 AAC 36.105 by authority of AS 08.48

Comity is NOT granted to applicants who have not been registered by fundamental and professional examinations regardless of registration(s) held in another licensing jurisdiction or years of professional work experience. However, the Fundamentals of Engineering Exam may be waived by verified work experience (see 12 AAC 36.090). Comity applicants must submit work verification forms or letters of reference.

— 12 AAC 36.105(c)

The applications are updated frequently. If you obtained this application other than directly from the Division or its official website the application may be outdated. Please check the website for the latest version.

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.

Applicants are required to have all examinations and required work experience verified by a third party using Alaska forms and mailed directly to the Alaska board office. NCEES Council Records may be accepted for verification of education, examinations, and current registration, however the corresponding section of the application must be filled in – do not put “see NCEES Record”.

Applicants must meet the qualifications for licensure in accordance with AS 08.48.201.

It is your responsibility to be aware of licensing requirements and provide all necessary documentation.

The Board conducts a thorough evaluation of education, training, employment or work history, malpractice history and any criminal or disciplinary history. We recommend you do not make commitments for loans, practice start dates, home purchases, etc., based on the expectation of licensure. The Board will not accelerate one application over others nor will it forego any elements of its screening process.

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.” The Board has defined “close proximity” as within two inches of the seal.

---

**Please submit the following documents concurrently:**

- ✓ Original application form completely and accurately filled in, signed and notarized. Missing information will cause delays in processing or a return of the application.
- ✓ All applicable fees (application and registration) in check or money order payable to the State of Alaska, or use the attached credit card payment form.

Be sure to sign and date your application.

Engineers may also be required to have a state business license. Contact Business Licensing at (907) 465-2550, or online at: *BusinessLicense@Alaska.Gov*

**REQUIREMENTS FOR APPLICATION:** ALL parts of this application must be completed even if submitting an NCEES record. The following documents must be on file before the Board will consider your application for an engineering registration by comity:

**1. APPLICATION:**

A completed, signed, and notarized application. The application may be submitted by mail or fax. Emailed applications will not be accepted. Typewritten applications are preferred. If any information on the form is illegible, the form will be rejected.

**2. FEES:**

Make check or money order payable to "State of Alaska", or use the attached credit card form:

Nonrefundable application fee: \$200.00

Registration Fee: \$100.00

**Total Due: \$300.00**

**3. TRANSCRIPTS, EXAM, AND REGISTRATION VERIFICATION:**

- o Verification of NCEES exams and current registration in at least one other state must be submitted directly from the state board(s) to our office; these can be accepted by email or from *NCEES.org*
- o Official transcripts must be submitted directly from the institution by email, mail, or from *NCEES.org*  
— or —
- o Submit an NCEES Council Record in place of the verification and transcripts.

**4. VERIFICATION OF WORK EXPERIENCE:**

- o Work Experience Verification (form #08-4714) with at least 24 months of responsible charge verified by a PE in the discipline in which you are applying. This document, once signed and sealed, can be accepted by email if sent directly from your verifiers to our office.  
— or —
- o If you are currently registered and have at least five years post-registration professional engineering experience, you can provide two current letters of reference from US-registered professional engineers registered in the discipline in which you are applying. These can be accepted electronically. The letters should address:
  - o Your professional experience on projects;
  - o Your ability and character;
  - o The reference's professional association to you;
  - o How long the reference has been an associate of yours (minimum five years).

**5. ARCTIC AND SEISMIC REQUIREMENT:**

All engineer applicants must successfully complete a Board-approved arctic course (listed on the Board's website). You may submit your application prior to completion of the course to expedite the application process. (12 AAC 36.110(a))

**6. JURISPRUDENCE QUESTIONNAIRE:**

A questionnaire which covers Alaska Statutes 08.48 (Architects, Engineers, and Land Surveyors), Alaska Statutes 08.01 (Centralized Statutes), Alaska Administrative Code, Title 12, Chapter 36 (12 AAC 36.010-.990), and Alaska Administrative Code, Title 12, Chapter 02 (12 AAC 02.010-.02.990, Division of Corporations, Business and Professional Licensing, Centralized Regulations).

## **!** General Information

---

### **APPLICATION PROCESSING:**

The average time to process a paper application varies by program, but can take several weeks from the date it is received in this office, complete with all correct forms, supporting documents and appropriate fees paid. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. When the application is complete and correct and all supporting documents have been received and all fees have been paid the license will be issued and sent to you with a cover letter about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

### **LICENSE TERM:**

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on December 31 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date which are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record. If your program offers temporary licenses, they are issued for either 30 consecutive days or until the end of the calendar year, whichever period is shorter.

### **"YES" RESPONSES:**

A "Yes" response in the application does not mean your application will be denied. If you have responded "Yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and both charging and closing court documentation.

### **DENIAL OF APPLICATION:**

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

### **RANDOM AUDIT:**

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and required to submit copies of documentation and proof that you satisfied the continuing competency requirements as you stated on this renewal form. Please note that licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

### **ADDRESS OR NAME CHANGE:**

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the Division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

### **CERTIFIED TRUE COPIES:**

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document". To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, "I certify this is a true copy of the original document" and sign your name. The notary will compare the original document with the copy and then notarize your signature.

### **SOCIAL SECURITY NUMBERS:**

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the Division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exception from Social Security Number Requirement form located at [ProfessionalLicense.Alaska.gov](http://ProfessionalLicense.Alaska.gov) or contact the Division for a copy of the form.

### **PUBLIC INFORMATION:**

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the Division's website at [ProfessionalLicense.Alaska.gov](http://ProfessionalLicense.Alaska.gov) under License Search.

### **ABANDONED APPLICATIONS:**

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the Division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued and all fees will be forfeited.

### **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 Postsecondary 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 Postsecondary Education office at (907) 465-2962 or (800) 441-2962 to resolve payment issues.

### **BUSINESS LICENSES:**

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, call (907) 465-2550 or online at: [BusinessLicense.Alaska.gov](http://BusinessLicense.Alaska.gov)

### **STATUTES AND REGULATIONS:**

The complete set of statutes and regulations for this program are available by written request or online at the Division's website: [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov)

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the program you want to be updated on to:

**REGULATIONS SPECIALIST**  
Email: [RegulationsAndPublicComment@Alaska.Gov](mailto:RegulationsAndPublicComment@Alaska.Gov)  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
P.O. Box 110806  
Juneau, Alaska 99811-0806



FOR DIVISION USE ONLY

**Board of Registration for Architects, Engineers, and Land Surveyors**  
State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-2550 • Fax: (907) 465-2974  
Email: [AELSboard@Alaska.Gov](mailto:AELSboard@Alaska.Gov)  
[ProfessionalLicense.Alaska.Gov/BoardOfArchitectsEngineersAndLandSurveyors](http://ProfessionalLicense.Alaska.Gov/BoardOfArchitectsEngineersAndLandSurveyors)

## Engineer by Comity Registration Application

### **PART I** Fees and Applicant Information

<b>Required Fees</b>	<input type="checkbox"/> Non-Refundable Application Fee	<b>\$200.00</b>
	<input type="checkbox"/> Registration Fee	<b>\$100.00</b>
<b>Optional Fee:</b>	<input type="checkbox"/> Wall Certificate	<b>\$20.00</b>

<b>Full Legal Name:</b>			
<b>Provide all other names used (maiden, nicknames, aliases). Attach documentation of all legal name changes.</b>			
<input type="checkbox"/> Not Applicable			
<input type="checkbox"/> Other Names Used: _____			
<b>Name you want on your registration:</b>			
<b>Professional Engineer Discipline:</b>			

<b>Birthdate:</b>		<b>Title:</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
<b>Mailing Address:</b>			
<b>Contact Phone:</b>			

**EMAIL AGREEMENT:** By choosing to receive correspondence on any matter affecting your license or other business with the Alaska Division of Corporations, Business and Professional Licensing by email, you agree to notify the Division in writing when your email address changes. You understand that failure to check your email address or to keep it in good standing may result in an inability to receive crucial information, potentially resulting in the inability to obtain or retain licensure.

<b>Email Address:</b>		<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail
-----------------------	--	--

<b>SOCIAL SECURITY NUMBER:</b> AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

**PART II Business Information**

<b>Business Name:</b>	
<b>Business Address:</b>	
<b>Current Job Title:</b>	
<b>Work Phone:</b>	(       )       —

**PART III Technical Education**

Official transcripts are required and must be sent directly to the Board office from the university, unless verified through NCEES Council Records.

<b>1. Institution Name:</b>		<b>State:</b>	
<b>Degree Awarded:</b>		<b>Graduation Date:</b>	

<b>2. Institution Name:</b>		<b>State:</b>	
<b>Degree Awarded:</b>		<b>Graduation Date:</b>	

**PART IV Professional Fitness**

The following questions must be answered. "Yes" answers may not automatically result in license denial. If you answer "Yes" to any of the questions, please explain dates and circumstances on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, etc.).

**WHEN IN DOUBT, DISCLOSE AND EXPLAIN**

1. Have you 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 have you 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 you have held in any jurisdiction including Alaska and that of any military authorities or is any such action pending?
- Yes  
 No

2. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to, a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.
- Yes  
 No

## PART V Statement of Professional Experience

List your professional experience in reverse chronological order (most recent experience first).

Part V must be completed in full, even if you are submitting an NCEES Council Record.

Read the definitions below for “responsible charge”, “professional”, and “sub-professional”.

Make copies to add additional work experience as necessary.

1. Job Title: \_\_\_\_\_

Start Date (mm/yyyy): \_\_\_\_\_

End Date (mm/yyyy): \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Describe the professional experience: \_\_\_\_\_  
\_\_\_\_\_

Professional: \_\_\_\_\_

+

Sub-Professional: \_\_\_\_\_

=

Total Months: \_\_\_\_\_

How many of the \_\_\_\_\_

months of professional experience are responsible charge? \_\_\_\_\_

### Definition of Responsible Charge

12 AC 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 sign 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.

“**Sub-professional work**” means time spent working as rod-man, chainman, recorder, draftsman, clerk of works, instrumentation, inspector, or similar work where personal responsibility and technical knowledge are slight.

“**Professional work**” means the time the applicant has been occupied in engineering or land surveying work of higher grade and responsibility than that of sub-professional work.

List your professional experience in date order.

This Part must be completed in full, even if you are submitting an NCEES Council Record.

Make copies as necessary.

**2. Job Title:**

-----

**Start Date (mm/yyyy):**

-----

**End Date (mm/yyyy):**

-----

**Name of Employer:**

-----

**Address of Employer:**

-----

**Contact Person:**

-----

**Describe the professional experience:**

-----

**Professional:**

-----

**+**

**Sub-Professional:**

-----

**=**

**Total Months:**

-----

**How many of the**

-----

**months of professional experience are responsible charge?**

-----

**3. Job Title:**

-----

**Start Date (mm/yyyy):**

-----

**End Date (mm/yyyy):**

-----

**Name of Employer:**

-----

**Address of Employer:**

-----

**Contact Person:**

-----

**Describe the professional experience:**

-----

**Professional:**

-----

**+**

**Sub-Professional:**

-----

**=**

**Total Months:**

-----

**How many of the**

-----

**months of professional experience are responsible charge?**

-----



## **PART VI** Professional Registrations

List every state where you hold, or have held, a registration.

Verification of current registration is required from at least one state.

Verification of examination is required from at least one state where the exam was administered.

Make copies as necessary.

PE Registration Number	Registration State	Registration Year	Registration Qualification	Registration Status
			<input type="checkbox"/> Comity <input type="checkbox"/> Exam	<input type="checkbox"/> Active <input type="checkbox"/> Lapsed

PE Registration Number	Registration State	Registration Year	Registration Qualification	Registration Status
			<input type="checkbox"/> Comity <input type="checkbox"/> Exam	<input type="checkbox"/> Active <input type="checkbox"/> Lapsed

PE Registration Number	Registration State	Registration Year	Registration Qualification	Registration Status
			<input type="checkbox"/> Comity <input type="checkbox"/> Exam	<input type="checkbox"/> Active <input type="checkbox"/> Lapsed

PE Registration Number	Registration State	Registration Year	Registration Qualification	Registration Status
			<input type="checkbox"/> Comity <input type="checkbox"/> Exam	<input type="checkbox"/> Active <input type="checkbox"/> Lapsed

PE Registration Number	Registration State	Registration Year	Registration Qualification	Registration Status
			<input type="checkbox"/> Comity <input type="checkbox"/> Exam	<input type="checkbox"/> Active <input type="checkbox"/> Lapsed

PE Registration Number	Registration State	Registration Year	Registration Qualification	Registration Status
			<input type="checkbox"/> Comity <input type="checkbox"/> Exam	<input type="checkbox"/> Active <input type="checkbox"/> Lapsed

PE Registration Number	Registration State	Registration Year	Registration Qualification	Registration Status
			<input type="checkbox"/> Comity <input type="checkbox"/> Exam	<input type="checkbox"/> Active <input type="checkbox"/> Lapsed

PE Registration Number	Registration State	Registration Year	Registration Qualification	Registration Status
			<input type="checkbox"/> Comity <input type="checkbox"/> Exam	<input type="checkbox"/> Active <input type="checkbox"/> Lapsed

PE Registration Number	Registration State	Registration Year	Registration Qualification	Registration Status
			<input type="checkbox"/> Comity <input type="checkbox"/> Exam	<input type="checkbox"/> Active <input type="checkbox"/> Lapsed

**PART VII Personal and Professional Reference List**

AS 08.48.201(a)(3)

List five references.

At least three of the references must be professional engineers.

Do not send reference letters unless requested by the Board.

 This reference is a professional engineer.      Registration Number:      State:

Name:

Address:

Phone:

 This reference is a professional engineer.      Registration Number:      State:

Name:

Address:

Phone:

 This reference is a professional engineer.      Registration Number:      State:

Name:

Address:

Phone:

 This reference is a professional engineer.      Registration Number:      State:

Name:

Address:

Phone:

 This reference is a professional engineer.      Registration Number:      State:

Name:

Address:

Phone:

## PART VIII Examinations

**NOTE:** If you have not taken the FE exam, you must meet the regulatory requirements of **12 AAC 36.090**:

- (a) An applicant for registration as a professional engineer by examination or comity who has not passed the fundamentals of engineering examination need not take that examination if satisfactory evidence, as verified by registered engineers, is submitted to the board documenting that applicant has at least 20 years of professional engineering experience.
- (b) An applicant for registration as a professional engineer by examination or comity who is currently registered as a professional engineer in a province or territory of Canada is not required to demonstrate having passed the fundamentals of engineering examination.

	State	Year	NCEES	
<b>Engineers</b>	FE:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	PE:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	PE Exam Discipline:	_____		

	State	Year	NCEES	
<b>Structural</b>	SE:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	SE I:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	SE II		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	SE III		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	SE 16		<input type="checkbox"/> Yes	<input type="checkbox"/> No

## PART IX Arctic and Seismic Requirement

**12 AAC 36.110**

List the location and date of the Board-approved arctic engineering university-level course completed or in progress:  
(no documentation is required)

University or College: \_\_\_\_\_ Date: \_\_\_\_\_

## PART X Notarized Signature

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 engineering or land surveying by fraud or deceit. The person may also be subject to criminal charge for perjury.

Notary Stamp	Applicant's Signature:		Printed Name:	
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:		My Commission Expires:	



**Board of Registration for Architects, Engineers and Land Surveyors**

PO Box 110806, Juneau, AK 99811-0806

(907) 465-2550

Email: [AELSboard@Alaska.Gov](mailto:AELSboard@Alaska.Gov)

[ProfessionalLicense.Alaska.Gov/BoardOfArchitectsEngineersAndLandSurveyors](http://ProfessionalLicense.Alaska.Gov/BoardOfArchitectsEngineersAndLandSurveyors)

## Verification of Work Experience — Engineer by Comity or Exam

→ **Applicant:** Complete this top part and then forward it to your employer or supervisor where you obtained your work experience. Make copies as needed.

<b>Full Name:</b>		<b>Applying by:</b>	<input type="checkbox"/> Comity <input type="checkbox"/> Exam
-------------------	--	---------------------	--

Work experience forms and letters of reference must bear the signed and dated PE stamp (seal) of the verifier. A supervisor or department manager who was licensed as an engineer at the time of employment can verify the work of exam applicants.

**COMITY APPLICANTS ONLY:** If you have at least five years of post-registration experience, in lieu of work experience verifications, you may provide two current letters of reference from registered engineers in the same discipline for which you are applying to verify that experience. The letters should address:

- your professional experience on projects;
- your ability and character;
- their professional association to you;
- how long they have been an associate of yours (minimum of 5 years);
- their specific branch of engineering practice; and
- their registered discipline (if applicable).

**WORK EXPERIENCE TIME:**

*("End Date" cannot be projected beyond today's date.)*

Start Date: \_\_\_\_\_ + End Date: \_\_\_\_\_ = Number of Months: \_\_\_\_\_

Less employment gaps of two or more months: \_\_\_\_\_

Total months of work experience verified: \_\_\_\_\_

**DEFINITIONS:**

**Sub-professional work**

means time spent working as rod-man, chainman, recorder, draftsman, clerk of works, instrumentation, inspector, or similar work where personal responsibility and technical knowledge are slight.

**Professional work**

means the time the applicant has been occupied in architecture, engineering, land surveying, or landscape architecture work of higher grade and responsibility than that of sub-professional work.

**Responsible Charge**

may be gained either in the field or in the office. Responsible charge means:

- In the field, the applicant must have had the direction of work, the successful accomplishment of which rested upon the applicant, where the applicant had to decide questions of methods of execution and suitability of materials without relying upon advice or instructions from his/her superiors and where the applicant had to supply solutions to deficiencies in plans or had to correct errors in design without first referring them to higher authority for approval, except where the approval is a matter of form.
- In the office, the applicant must have had to undertake investigations or carry out assignments which demand resourcefulness and originality, or make plans, write specifications, and direct drafting and computations for the design of architectural, engineering, or land surveying work with only rough sketches, general information and field measurements for reference.

→ **Verifiers of Work Experience:**

Complete pages 2 and 3 of this form. Mail or email it directly to the Division. We require ALL three pages.

Any gaps of employment for any reason during the time frame above in excess of two continuous months must be subtracted from the "Months" above.

**Information about the work being verified:**

<b>Applicant's Complete Name:</b>	
<b>Job Title:</b>	
<b>Business Name:</b>	
<b>Job Duties:</b>	

**Describe the work the applicant performed, and his/her responsibilities:**

-----

**What professional association did you have with the applicant?**

-----

Would you employ this applicant in a position of trust? Yes  No

Do you recommend the applicant for professional registration? Yes  No

Referring to the definitions provided on the previous page, in your opinion, has the applicant had professional experience on any projects? Yes  No

Please name one: -----

-----

1. Using the definitions and period of employment from Page 1, how many months were considered "sub-professional" work? -----

-----

2. Using the definitions and period of employment from Page 1, how many months were considered "professional" work? -----

-----

3. Using the definitions from Page 1, of the time considered "professional" work, how many months was the applicant in a position of "responsible charge"? -----

*Per 12AAC 36.063 "To receive full credit for responsible charge experience, an applicant must gain responsible charge experience while under the responsible control of a professional engineer registered in the United States in the branch of engineering for which the applicant has applied."*

*The total months for sub-professional and professional experience should equal the total months during the period of employment stated on the previous page. Responsible charge experience is a subset of professional experience and should be less than or equal to the number of months entered for question number 2.*

---

Are you a professional engineer? Yes  No

---

Were you registered at the time you supervised the applicant? Yes  No

---

Were you registered in a discipline-specific state? Yes  No

Which discipline ? \_\_\_\_\_

---

\* If no stamp or seal is available, please state the reason why:

-----

Professional Seal*	<b>Signed by:</b>	<b>Date:</b>
	<b>Printed Name:</b>	<b>Title:</b>
	<b>Phone:</b>	<b>Email:</b>
	<b>Registration #:</b>	<b>Registration State:</b>

**The verifier of work experience must submit ALL THREE PAGES  
directly to the Division by mail or email.**



THE STATE  
of **ALASKA**  
*Department of Commerce, Community, and Economic Development*  
*Division of Corporations, Business and Professional Licensing*

FOR DIVISION USE ONLY

State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550

## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Program Type: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply):

**AMOUNT**

Application Fee: \_\_\_\_\_

License or Renewal Fee: \_\_\_\_\_

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

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

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

**CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!**

<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
---	--