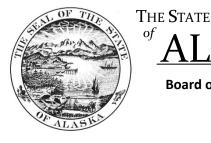
Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing



Board of Registration for Architects, Engineers and Land Surveyors PO Box 110806, Juneau, AK 99811 Phone: (907) 465-2550 Email: AELSBoard@Alaska.Gov Website: ProfessionalLicense.Alaska.Gov/BoardOfArchitectsEngineersAndLandSurveyors

Eligibility for the Landscape Architect Registration Exams (L.A.R.E.s) **Application Instructions**

ALASKA REGISTERS LANDSCAPE ARCHITECTS BY EXAMINATION, 12 AAC 36.068 and .100(e). See also AS 08.48.181.

The following must be received by the division before your application can be reviewed:

1. APPLICATION

A signed, completed application (#08-4866, pages 1-2).

2. FEES

Fees made payable to "State of Alaska." Nonrefundable Application Fee: \$50.00 Total Fees Due: \$50.00

of

3. OFFICIAL TRANSCRIPTS

An applicant must provide satisfactory evidence of graduation from a LAAB or LAAC accredited curriculum in landscape architecture. Transcripts must be submitted directly to the board by the university.

The L.A.R.E. is administered by CLARB. After board approval (if approved), you must contact CLARB to register for the exam (http://www.clarb.org).

Applications are processed according to the date received.

Applications, official transcripts, and nonrefundable application fees must be received in the Juneau office at least ninety (90) calendar days prior to the date of the L.A.R.E. The L.A.R.E. is conducted three times a year in April, August and December.

Applicants will be notified of the board's decision on the applicants' eligibility to sit for the L.A.R.E.s via email 10 business days after receipt of application.





Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

Board of Registration for Architects, Engineers and Land Surveyors

PO Box 110806, Juneau, AK 99811-0806

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Eligibility for the Landscape Architect Registration Exams (L.A.R.E.s)

PART I	Payr	ment of Fees								
Required Fees:	:		Nonrefunda	ible Applica	ation Fee					\$50.00
PART II	Pers	onal	Informati	on						
Full Legal Nam	ne:									
provide a certif		e copy o ole	•		•	•	tation will be re me change(s).	ceive	ed in a prior nan	ne, you must
Preferred Nam Registration:	ne on									
Mailing Addres	ss:	P.O. Box	or Street			City			State	Zip
Contact Phone	e:						Date of Birth:			
EMAIL AGREEMENT : By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.										
Email Address:	:						Select One:		Send my Correspor Send my Correspor	ndence Electronically ndence by Mail
Note: If both boxes are selected above, you will receive correspondence electronically.										
SOCIAL SECURITY NUMBER: AS 08.01.060 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										

PART III Technical Education

An applicant must provide satisfactory evidence of graduation from a LAAB or LAAC accredited curriculum in landscape architecture. Transcripts must be submitted directly to the board by the university.

Institution Name	Degree Awarded	State	Graduation Date

FOR DIVISION USE ONLY

08-4866 (NEW 06/25/2024) Eligibility for the Landscape Architect Registration Exams – Application





Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing

Board of Registration for Architects, Engineers and Land Surveyors

PO Box 110806, Juneau, AK 99811-0806 Website: *ProfessionalLicense.Alaska.Gov/BoardOfArchitectsEngineersAndLandSurveyors*

Signature Page

Applicant Name:		
Alaska License Number (if known):		Application in Process

PART IV Agreement

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant Signature:

Date Signed:

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Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing

State of Alaska PO Box 110806, Juneau, AK 99811 Phone: (907) 465-2550

Credit Card Payment Form

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

Name of Applicant or Licensee:						
Profession Typ	e (e.g., Acupuncture):		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 (fine, exam, etc.):						
1.						
2.						
				TOTAL:		
Name (as shown on credit card):						

Name (as shown on credit card):		
Mailing Address:		
Phone Number:	Email (Optional):	
Signature of Credit Card Holder:		

08-4438 (Rev. 05/01/2024)

Credit Card Payment Form (all major cards accepted)

Page 1 of 1

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed. 1. Credit Card Number: All 3 fields MUST be completed. 2. Expiration Date: All 3 fields MUST be completed. 3. Security Code: This section will be destroyed after the payment is processed.

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