



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

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
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Total Fees Due:	\$50.00
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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.



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AELS

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PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	\$50.00
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PART II Personal Information

Full Legal Name:			
Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).			
<input type="checkbox"/> Not Applicable			
<input type="checkbox"/> Other Names Used: _____			
Preferred Name on Registration:			
Mailing Address:		P.O. Box or Street	City
		State	Zip
Contact Phone:		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: <input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail	
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>			
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



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Signature Page

Applicant Name:		
Alaska License Number (if known):		<input type="checkbox"/> <i>Application in Process</i>

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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ADM

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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, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
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"/>	Other (fine, exam, etc.):		
1.			
2.			
			TOTAL:

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

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

1. Credit Card Number:		All 3 fields MUST be completed. This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		