



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, 9th Floor, State Office Building  
P.O. Box 110806, Juneau, Alaska 99811-0806  
Phone: (907) 465-2540 Fax: (907) 465-2974  
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## APPLICATION INSTRUCTIONS FUNDAMENTALS OF SURVEYING EXAM (FS) FUNDAMENTALS OF ENGINEERING EXAM (FE)

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### GENERAL INFORMATION

PLEASE READ the application, statutes, regulations, and these instructions **before completing your application**. Applications will be processed according to the date received by the Licensing Examiner. The board meets four times a year, usually in February, May, August, and November. Written notification of action taken by the board will be mailed approximately 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.

**APPLICATION DEADLINE:** The completed application, application fee and all supporting documents must be received by the Division's Juneau office at least 10 days prior to each scheduled meeting of the Board. The completed application must be typed and notarized. The application form is available on this website. Board meeting dates can be found on the board's website at [www.commerce.state.ak.us/occ/pael.cfm](http://www.commerce.state.ak.us/occ/pael.cfm).

**APPLICATION FEES** Fundamentals of Engineering (\$50.00 nonrefundable application fee.); Fundamentals of Surveying (\$50.00 nonrefundable application fee).

**FEES** The application fee required is the nonrefundable fee in effect on the date the application is received by the Division. Examination fees will be paid directly to ELSSES. For more information go to: [www.els-examreg.org](http://www.els-examreg.org).

**SUPPORTING DOCUMENTS DEADLINE** All supporting documents, i.e., work experience verifications and official transcripts, must be received in the Juneau office no later than ten days before the date of the next scheduled board meeting. **There will be no exceptions**. Contact the Division, Board of Registration for Architects, Engineers and Land Surveyors, for the upcoming meetings or check the web site at: <http://www.commerce.state.ak.us/occ/pael.cfm>

**RETAKE A FAILED EXAM** Candidates must submit a written request to the division to retake a failed exam. The division will then notify ELSSES of exam eligibility.

Effective July 27, 1997, an applicant may apply for reexamination no more than four times within five years after the date that the applicant filed the original application for examination. If the applicant has not passed the exam after five attempts or within the five years after first applying for the exam, the applicant will be subject to submitting a new application under 12 AAC 36.010.

**POSTPONING EXAM** ELSSES does not allow candidates to postpone examinations. ELSSES will permit a partial refund of canceled exams, but only up to a deadline date established prior to each examination date.

**SOCIAL SECURITY NUMBER** If you do not have a United States Social Security Number or you are a foreign citizen unable to obtain a United States Social Security Number, please contact the Division for a waiver request form (DCCED Form # 08-4372).

### SPECIAL EXAM NEEDS

Programs under the jurisdiction of the Division are administered in accordance with the Americans with Disabilities Act. The special accommodation request will be considered in conjunction with the policies of the National Council of Examiners for Engineers and Surveyors. Examinees must complete the Questionnaire for NCEES Examination Applicants Requesting Test Accommodations (PDF) and **return it to ELSSES** by the registration deadline. **You must submit the documentation to ELSSES on or before its stated deadline** in order to receive accommodations. This form is found on the ELSSES web site: <http://www.els-examreg.org/>

### INTERNET INFORMATION

Certain forms can be printed by accessing the Division's home page at the following address: <http://www.commerce.state.ak.us/occ/pael.cfm> or by following the links from the Alaska State home page at <http://www.state.ak.us>.

STATE OF ALASKA  
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT  
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING  
P.O. BOX 110806, JUNEAU, ALASKA 99811-0806  
TELEPHONE: (907) 465-2540 Fax: (907) 465-2974  
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**APPLICATION FOR FUNDAMENTALS OF ENGINEERING (FE) OR  
FUNDAMENTALS OF SURVEYING (FS) EXAMINATION**

<p><b>DIRECTIONS:</b></p> <ol style="list-style-type: none"> <li>1. Read Statutes and Regulations first.</li> <li>2. The <u>complete application must be typed and your signature notarized.</u></li> <li>3. Fees: Payable to the STATE OF ALASKA  Fundamentals of Engineering fees:  \$50 nonrefundable application fee.  Fundamentals of Surveying fees:  \$50 nonrefundable application fee</li> </ol> <p><b>NOTE TO EXAM APPLICANTS:</b> Fees are subject to change in accordance with AS 08.01.065. For deadlines and application instructions see cover page of this application packet. Beginning with the October 2006 examinations the division has contracted with NCEES/ELSES to administer the exams. Candidates will pay exam fees directly to NCEES. For more information: <a href="http://www.els-examreg.org">www.els-examreg.org</a></p>	<p><b>FOR OFFICE USE ONLY</b></p>
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Type of Examination:     FE     FS

**ORIGINAL, COMPLETED, TYPED, NOTARIZED APPLICATION AND APPLICATION FEE MUST BE RECEIVED IN THE JUNEAU OFFICE 10 DAYS PRIOR TO EACH SCHEDULED BOARD MEETING.**

**1. GENERAL INFORMATION**

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. (Optional)		
Name: _____		
Last	First	Middle
Maiden Name: _____ (if applicable)		
Mailing Address: _____		
City: _____	State: _____	ZIP Code: _____
Physical Address: _____		
City: _____	State: _____	ZIP Code: _____
Birth Date: _____	Social Security Number: _____	
If you are a foreign citizen unable to obtain a United States Social Security Number, please contact the division for further instructions.		
Employer: _____	Work Telephone: _____	Home Telephone: _____

OPTIONAL: Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**2. TECHNICAL EDUCATION**

**OFFICIAL TRANSCRIPT** sent directly from the school is required if degree is complete. If degree is 75% complete, a letter from the university is required.

Name and Address of Institution	Years Attended		Date of Graduation or Expected Date of Graduation	Degree Received or in Progress
	From	To		



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## WORK EXPERIENCE VERIFICATION

### I. THIS PORTION TO COMPLETED BY THE APPLICANT:

I, \_\_\_\_\_, am applying to the State of Alaska for:

Fundamentals of Engineering                       Fundamentals of Surveying

My application shows that I was under your supervision and/or employ from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ (total months)

### II. **EMPLOYER OR SUPERVISOR:** COMPLETE THIS FORM AND SEND DIRECTLY TO THE ALASKA STATE BOARD OF REGISTRATION FOR ARCHITECTS, ENGINEERS AND LAND SURVEYORS. THIS IS IMPORTANT TO THE APPLICANT, AS HIS/HER EXPERIENCE CANNOT BE ACCEPTED UNLESS VERIFIED.

\_\_\_\_\_ was/was not employed by \_\_\_\_\_

as a \_\_\_\_\_

In your opinion, has the applicant had **professional** experience on any projects? Please name one: \_\_\_\_\_

\_\_\_\_\_

**Describe the work the applicant performed and his/her responsibilities.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Do you recommend the applicant for the examination requested?  Yes  No

1. During the period of employment stated above, how many months were considered "subprofessional work?"  
(See definition below) = \_\_\_\_\_

2. During the period of employment stated above, how many months were considered "professional work?"  
(See definition below) = \_\_\_\_\_

2(a) Of the time considered "professional work," how many months was the applicant in a position of responsible charge?  
(See definition below) = \_\_\_\_\_

**The total months for subprofessional and professional experience should equal the total months during the period of employment** stated above.

**Definitions:** "Subprofessional work" means time spent working as rodman, 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 subprofessional work.

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

(1) 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.

(2) 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.

What professional association did you have with the applicant? \_\_\_\_\_

Professional Seal

**NOTE: If no seal or stamp is available,  
please state reason.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print or Type Name)

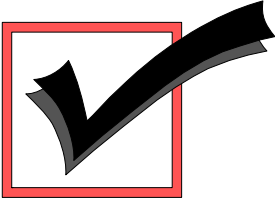
\_\_\_\_\_  
Registration No.

\_\_\_\_\_  
State

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone No.

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



# FE and FS APPLICANT CHECKLIST

## BOARD OF REGISTRATION FOR ARCHITECTS, ENGINEERS AND LAND SURVEYORS STATE OF ALASKA

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

**FE/FS EXAMS: YOU MUST BE ABLE TO ANSWER “YES” TO ALL OF THE FOLLOWING QUESTIONS BEFORE MAILING YOUR APPLICATION!**

1. Is the application typed?
2. Have I included a check or money order payable to the State Alaska for the \$50 non-refundable application fee?
3. Have I requested that my official transcript (if graduated), or my **official** 75% letter from the university be mailed directly to the Corporations, Business and Professional Licensing Office in Juneau?

**OR**

Have I requested the necessary work verification forms submitted by my supervisor(s) be sent directly to the Division of Corporations, Business and Professional Licensing Office in Juneau?

4. Am I mailing the application in time for it to be **received in the Juneau office** at least 10 days prior to the next Board meeting?
5. Is the application complete?

**Page 1:**

- a. Have I indicated the exam for which I am applying?
- b. Have I filled in all blanks in the General Information section?
- c. Have I listed the entire name of my degree (such as Bachelor of Science in Civil Engineering) even if I have not yet graduated?
- d. Have I listed the years attended and the date of my graduation, even if it is in the future?

**Page 2:**

- a. If I am qualifying for the exam by work experience, have I completed all of Section 3?

Notary Section:

- b. Did the Notary fill in the State and County?
- c. Did the Notary print MY name on the appropriate line?
- d. Did I sign the application in the presence of the Notary?
- e. Did the Notary sign, date, and seal (or stamp) the application?

**NOTE:** YOUR APPLICATION AND FEE MUST BE **RECEIVED** IN THE JUNEAU OFFICE AT LEAST 10 DAYS PRIOR TO THE NEXT BOARD MEETING.



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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):

- |   |                     |
|---|---------------------|
| <input type="checkbox"/> Application fee          | Amount              |
| <input type="checkbox"/> License (or renewal) fee | _____               |
| <input type="checkbox"/> Fine                     | _____               |
| <input type="checkbox"/> Other (specify): _____   | _____               |
|   | <b>Total:</b> _____ |

Print Name on Credit Card: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Credit Card Type (check one):  VISA  MASTERCARD

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

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

*The bottom section of this form will be destroyed upon processing of the payment.*