



West Virginia Board of Architects
 405 Capitol Street, Mezzanine Suite 3
 Charleston, WV 25301
 Phone (304)-558-1406, Fax (304)-558-1407
wvbrdarch.org

Office Use Only:

Received application and non-refundable filing fee:
 Check No. non-refundable filing fee:
 Receipt No. non-refundable filing fee:
 Date approved for registration and notified by letter:
 Date received registration fee:
 Check No. for \$300 registration fee:

Certificate No.: _____

Application for Architect Reciprocal Registration

Name In Full: _____ Last 4 Digits SSN: _____ Birthdate: _____

Name requested on official documents: _____

Business

Firm Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone: _____ Fax: _____ Email: _____

Residence

Residence Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone: _____

Address for Correspondence: Residence Business

Have you passed the ARE or an equivalent examination? Yes No

If Yes, then in what state, jurisdiction, or country did you pass the examination? _____

I hereby apply for registration and license to practice architecture through reciprocal registration from the state of _____
 Number: _____

How many years have you practiced as a registered Architect in this state named above? _____

A. List all states in which you hold an Architectural Registration

State, Date of Initial Registration, Number, Current Status Active/Inactive, Date of Expiration



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Application for Architect Reciprocal Registration Continued

B. Educational Background

Preparatory Schools, High Schools, Dates of Attendance (from to), Grades Completed

Colleges, Universities, Technical Schools Dates of Attendance (from to), Degrees

Travel, Continuing Education, Research, Publications

C. Professional Organization Service

Name of Organization, Name of Executive Staff Member, Address



Application for Architect Reciprocal Registration Continued

D. Practical Experience

Full Name & Complete Current Address of Employer (Begin with earliest employment, including military and other)	Date of Employment Give month and year	Total Time Employed		Employment Position & Experience			
		Part Time	Full Time	Sole Proprietor	Principal	Employee	Other- explain**
NAME ADDRESS	FROM TO	YRS. MOS.	YRS. MOS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER
NAME ADDRESS	FROM TO	YRS. MOS.	YRS. MOS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER
NAME ADDRESS	FROM TO	YRS. MOS.	YRS. MOS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER
NAME ADDRESS	FROM TO	YRS. MOS.	YRS. MOS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER
NAME ADDRESS	FROM TO	YRS. MOS.	YRS. MOS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER
NAME ADDRESS	FROM TO	YRS. MOS.	YRS. MOS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER
NAME ADDRESS	FROM TO	YRS. MOS.	YRS. MOS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER
NAME ADDRESS	FROM TO	YRS. MOS.	YRS. MOS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER



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E. Public & Community Service

F. Architect References

Name three architects who are personally acquainted with your professional abilities but are not employed in your workplace. Give complete addresses: name / address / city / state / zip code

1. _____

2. _____

3. _____

- G. 1.** Have you ever been convicted of a felony, any crime involving moral turpitude, a misdemeanor involving fraud, deceit or misrepresentation or been convicted of any crime other than a minor traffic violation in any jurisdiction?
(If yes, please list date(s), crime(s) and submit a copy of the court judgement(s) as well as a letter from you explaining the circumstances surrounding your conviction. **Yes** **No**
- 2.** Have you been denied a license or had a license suspended by the licensing board for the practice of architecture in another state where you have been registered to practice architecture? **Yes** **No**
- 3.** Have you been disciplined by an occupational licensing board? **Yes** **No**
- 4.** Are you currently under investigation by an occupational licensing board? **Yes** **No**
- 5.** Have you signed any legal document that settles a dispute or charges against you brought by a registration board or Court of Law? **Yes** **No**
- 6.** If you answered yes to the above questions, please provide the details in a separate letter.



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H. State Requirements

Have you received and read a copy of Chapter 30, Code 1931, Professions and Occupations, Article 12, Architect's Act and Rules of the West Virginia Board of Architects? _____

I. Child Support Questions

Pursuant to WV Code 48-A-5A-5(c) each applicant for registration must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct.

1. Do you have a child support obligation? Yes No
2. If the answer to question 1 above is yes, are you in arrearage? Yes No
3. If the answer to question 2 above is yes, does your arrearage equal or exceed the amount of child support payable for six (6) months? Yes No

J. Fees

Filing Fee \$100.00 Non-refundable (mail with application)
 Upon approval of application, the remaining fee of \$300.00 must be submitted to complete registration.
 This remaining fee consists of:
 Reciprocal Registration Fee \$250.00
 Certificate..... \$50.00

Remit via check to:

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K. Practice Certification

Personal appearance before the Board (if requested) shall be at a time and place as designated by the Board.
 This is to certify that if granted registration to practice architecture in The State of West Virginia I will practice under, and sign or title documents in my name and under my registration only.

Signature of applicant: _____

Solicitation of the Social Security Number and FEIN Number is solely to identify individuals default on Workers Compensation and Child Support Payments to the State of WV. The last 4 digits of your Social Security Number is your PIN Number to renew your registration online with the WV Board of Architects.

The West Virginia Board of Architects is a public agency and records of the Board are considered to be public records. Some or all of the information in this application may be disclosed to any person under the West Virginia Freedom of Information Act (FOIA)



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L. Affidavit & Notarization

The undersigned, being duly sworn, upon his oath deposes and says that he is the person making the foregoing statements and that they are made in good faith and are true in every respect.

State of _____ County of: _____

Signature of applicant: _____

Date: _____

I, _____, a Notary Public in the State aforesaid DO HEREBY CERTIFY that personally known to me to be the same person whose name is _____ subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act, for the use and purposes therein set forth.

GIVEN UNDER MY HAND AND NOTARIAL SEAL THIS _____ DAY
OF _____, 20 _____

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____

NOTARIAL SEAL: _____



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Procedures for Filing a Reciprocal Application for Architectural Registration with the State of West Virginia

1. Applicant shall download, print and complete the 6 page application for reciprocal registration. Available at wvbrdarch.org.
2. Applicant must read and understand "Rules & Laws" pertaining to the practice of architecture. Available on the web site noted above.
3. Applicant must mail the completed application with a check for the non-refundable filing in the amount of \$100 to:

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4. Applicant will be sent a receipt for the non-refundable filing fee and notification that the application has been filed at the West Virginia Board Office as a reciprocal application.
5. Applicant is responsible for requesting three architect references. Reference letters shall be sent directly from each reference to the West Virginia Board of Architects at the address noted above.
6. Applicant shall contact his/her home State Board of Architecture and request a certified verification of registration be mailed directly to the West Virginia State Board of Architecture at the address noted above.
7. After the requested architect reference letters and certified verification of licensure has been received, the application file will be reviewed by the Board who are familiar with the applicant's work but not employed at the applicant's workplace.
8. The applicant will be notified by mail the decision of the Board.
9. If the application is approved, the architect applicant will submit a check in the amount of \$300 to complete the registration process.
10. Upon receipt of the \$300.00 fee, the applicant will be sent a registration card, a West Virginia Certificate Number and a receipt for the \$300 fee.