



**West Virginia Board of Architects**  
 405 Capitol Street, Mezzanine Suite 3  
 Charleston, West Virginia 25301  
 Phone: (304) 558-1406; Fax: (304) 558-1407  
[wvbrdarch.org](http://wvbrdarch.org)

FOR INTERNAL USE

RECEIVED:  
 CHECK N<sup>o</sup>:  
 APPROVED:  
 NOTES:

CERTIFICATE N<sup>o</sup>:  
 RECEIPT N<sup>o</sup>:  
 REGISTERED:

APPLICATION FOR  
 ARCHITECT REGISTRATION

REGISTRANT

Registrant Name:

Last Four SSN:

Birthdate:

BUSINESS

Firm Name:

Business  
 Address:

County:

Telephone:

Fax:

Email:

RESIDENCE

Residence  
 Address:

County:

Telephone:

Preferred address for correspondence:  
 Have you passed the ARE or  
 equivalent examination?

Residence     Business  
 Yes             No

If yes, in which state, jurisdiction, or  
 country did you pass the examination?



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## 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

## PROFESSIONAL ORGANIZATION SERVICE

Name of Organization, Name of Executive Staff Member, Address





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## PUBLIC AND COMMUNITY SERVICE

## ARCHITECT REFERENCES

Name three architects who are personally acquainted with your professional abilities. Give complete addresses: name, address, city, state, and zip code.

1.

2.

3.

## DISCIPLINE

Have you ever been convicted of a felony, any crime involving moral turpitude, or a misdemeanor involving fraud, deceit, or misrepresentation; or have you been convicted of any crime other than a minor traffic violation in any jurisdiction?

Yes  No

If yes, please list the date(s) & crime(s) and send a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

Are you currently under investigation by any occupational licensing board?

Yes  No

Has your registration been denied, suspended, or revoked by a licensing board for the practice of architecture in any jurisdiction?

Yes  No

Have you signed any legal documents that settles a dispute or charges against you brought by a registration board or a court of law?

Yes  No

Have you practiced or solicited architectural work or represented yourself as an architect in West Virginia prior to having been licensed?

Yes  No



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If you answered yes to any of the questions on the preceding page, please provide the details of any information pertaining to the complaint or conviction.  
Please do this below or on a separate 8.5 × 11 inch piece of paper.

### STATE REQUIREMENTS

I certify that I have read and I am familiar with Article 12 – Architects’ Act of the West Virginia Code and the rules of the West Virginia Board of Architects and I am qualified to practice architecture in the State of West Virginia.  Yes  No

### CHILD SUPPORT QUESTIONS

PURSUANT TO WV CODE §48-15-303, EACH APPLICANT FOR REGISTRATION MUST ANSWER THE FOLLOWING QUESTIONS AND CERTIFY, UNDER PENALTY OF FALSE SWEARING, THAT THESE ANSWERS ARE TRUE AND CORRECT.

Do you have a child support obligation?  Yes  No

If the answer to the above question is yes, are you in arrearage?  Yes  No

If the answer to the above question is yes, does your arrearage equal or exceed the amount of child support payable for six months?  Yes  No



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**FEES**

Filing Fee (non-refundable) Mail-in with application. \$ 100.00

Upon approval of application, the remaining certificate fee of \$ 50.00 must be submitted to complete registration.

Certificate \$ 50.00

**Remit via check to:**

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**PRACTICE CERTIFICATION**

Personal appearance before the board (if requested) shall be at a time and place 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 LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER IS SOLELY TO IDENTIFY INDIVIDUALS DEFAULT ON CHILD SUPPORT PAYMENTS TO THE STATE OF WEST VIRGINIA. THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER ARE YOUR PIN TO RENEW YOUR REGISTRATION ONLINE WITH THE WEST VIRGINIA BOARD OF ARCHITECTS.*

*THE WEST VIRGINIA BOARD OF ARCHITECTS IS A PUBLIC AGENCY AND RECORDS OF THE BOARD ARE CONSIDERED 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.*



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## AFFIDAVIT AND NOTARIZATION

The undersigned, being duly sworn, upon his or her oath deposes and says that he or she 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 or she signed,  
sealed, and delivered the said instrument as his or her 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: \_\_\_\_\_