Application for Renewal Individual Architect Registration

July 1, _____ – June 30, _____

Name: ____________________________________  WV Registration #: ____________________

Firm Name: __________________________________ Last Four SSN: ________________________

Address: __________________________________ Telephone #: _________________________

Email Address: ______________________________

ANNUAL RENEWAL FEE $75 if received on or prior to June 30 OR $150 if received within 6 months of annual renewal date.

Note: All registration certificates expire on June 30.

A. Have you been convicted of a felony, crime, or misdemeanor involving fraud, deceit, or misrepresentation or been convicted of any crime other than a minor traffic violation in any jurisdiction? □ Yes □ No

Have you been disciplined by an occupational licensing board? □ Yes □ No

Are you currently under investigation by an occupational licensing board? □ Yes □ No

Has any registration been denied, suspended or revoked by a jurisdiction? □ Yes □ No

Have you signed any legal document that settles a dispute or charges against you brought by a registration board or a Court of Law? □ Yes □ No

If you have responded yes, please provide an explanation on the back of this form along with supporting documents.

B. 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.

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

2. Do you own all or part of a business that operates in West Virginia?
   If yes, please provide the FEIN # ________________________________ □ Yes □ No

3. Are you delinquent in your payments for Workers’ Compensation and/or Unemployment Compensation in West Virginia? □ Yes □ No

C. I have completed a minimum of twelve continuing education hours designated as Health, Safety, and Welfare topics during the prior calendar year. I understand that it is my responsibility to maintain records in support of these activities for two (2) calendar years in the event I am randomly selected for a CE audit. □ Yes

D. You are exempt from the continuing education requirement if this is your first annual renewal after your initial registration. □ Yes □ No

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. The above information is true to the best of my knowledge.

Signature __________________________________ Date __________________________

Completed application and required fee payable to West Virginia Board of Architects must be received no later than June 30th.

FAILURE TO RENEW BY JUNE 30TH SHALL CAUSE AUTOMATIC SUSPENSION OF REGISTRATION WITHOUT NOTICE.

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).
# Record of Continuing Education

Registrant Name: ____________________________________________

WV Certificate Number: ________________________________

AIA Membership Number: ________________________________

**Reporting Dates:** From January 1, 20____ through December 31, 20____

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<thead>
<tr>
<th>Program Date</th>
<th>Program Title</th>
<th>Instructor/ Provider</th>
<th>Location</th>
<th>PDU Credit Hours HSW/Public Protection</th>
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I hereby affirm that the above information is true and accurate under penalty of law.

Registrant Signature: ______________________ Date: __________

Complete this log and keep for your records. If you are notified of your inclusion in a random audit of continuing education hours, you will provide this log and all supporting documentation of participation to the West Virginia Board of Architects. You may also provide a copy of your AIA Transcript as supporting evidence. If you provide your AIA Transcript, please include a copy of your AIA membership card.