
UNIFORM APPLICATION FOR ARCHITECT REGISTRATION

JURISDICTION TO WHICH YOU ARE APPLYING:

DATE:

LAST NAME:

FIRST NAME:

M.I.:

SUFFIX:

If you have had a legal name change, please attach a notarized document attesting to this fact.

PREFERRED NAME FOR REGISTRATION DOCUMENTS:

SOCIAL SECURITY NO. :

The following statement is made pursuant to the Privacy Act of 1974§7(B). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for Tax Administration purposes pursuant to 36 M.R.S.A § 175 as authorized by the Tax Reform Act of 1975 (42U.S.C§495(C)(2)(C)(1). Your Social Security Number will be used by the Department of Taxes and the Department of Employment and Training in the administration of tax laws to identify individuals affected by such laws, and by the Office of Child Support.

NCARB FILE NO.:

NCARB CERTIFICATE NO.:

CORRESPONDENCE	Preferred Address for Correspondence:	Business	Residence
	Daytime Phone:		
	Fax:		
	Email:		

BUSINESS ADDRESS **Firm Name:**

Address:

City & State:

Zip:

Country:

RESIDENCE ADDRESS Address:

City & State:

Zip: Country:

Residence Phone:

CITIZENSHIP U.S. Citizenship: Birth Naturalized

Other Citizenship:

BIRTHDATE Birthdate:

Place of Birth:

Gender: Male Female

REGISTRATION HISTORY: Have you been previously registered in the jurisdiction to which you are now applying? yes no

Jurisdiction of original architectural registration:

Is registration currently in good standing? yes no

(if no, explain on supplemental sheet)

Other registrations: (please use separate sheet if necessary)

Jurisdiction: Registration No.:

Date Acquired: Expiration Date:

Jurisdiction: Registration No.:

Date Acquired: Expiration Date:

Jurisdiction: Registration No.:

Date Acquired: Expiration Date:

AFFIDAVIT AND NOTARIZATION

If any answer to any of the following questions is "yes," please attach a detailed explanatory statement.

- | | | |
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| 1. Have you or any agent of your firm practiced, or solicited architectural work or represented yourself as an architect in this State prior to having been licensed? | yes | no |
| 2. Have you been disciplined by any occupational licensing board? | yes | no |
| 3. Are you currently under investigation by any occupational licensing board? | yes | no |
| 4. Has your registration been denied, suspended or revoked in any jurisdiction? | yes | no |
| 5. Have you surrendered or allowed a registration to lapse in any jurisdiction due to any action pending or threatened ? | yes | no |
| 6. 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 |
| 7. Have you been found by a Court or Registration Board to have violated the architectural registration laws or the professional/occupational laws of any jurisdiction? | yes | no |
| 8. Have you entered into a negotiated settlement with regard to professional or occupational registration laws? | yes | no |
| 9. 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 judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction. | yes | no |
| 10. Are there any felony/criminal charges now pending against you? | yes | no |

The applicant agrees as follows:

- I will not represent myself as an architect or offer to perform architectural services in this jurisdiction until this application is approved and an architect's license has been granted by this board.
- No agent of my firm will offer to perform or contract to perform architectural services in this jurisdiction until the application process is completed and an architect's license has been granted by this board.
- I have read the Architectural Act and Rules/Regulations of the Board for the jurisdiction in which I am applying and I am qualified to practice architecture in this jurisdiction.
- I acknowledge that making a false statement to the above questions may subject me to disciplinary action including, but not limited to, immediate revocation or suspension of my registration.

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

Signature of Applicant

State of: _____ County of: _____

I, _____, a Notary Public in aforesaid

County, 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 as his/her free and voluntary act, for the uses and purpose therein set forth.

GIVEN UNDER MY HAND AND NOTARIAL SEAL
THIS _____ DAY OF _____, _____(year)

NOTARY PUBLIC

MY COMMISSION EXPIRES:

NOTARIAL SEAL



Please refer to specific jurisdiction instructions for mailing and fee information.