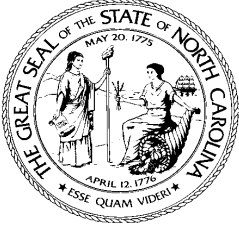


The State of North Carolina



The North Carolina Board of Architecture
 127 W. Hargett Street Suite 304
 Raleigh, NC 27601

Phone: 919.733.9544

Fax: 919.733.1272

Email: ncba@ncbarch.org

url: <http://www.ncbarch.org>

Application for Reinstatement of License

Fee: \$250.00

Information and Instructions to all Individuals Applying for Reinstatement of License

- Complete and return form to the North Carolina Board of Architecture with the application fee of **\$250.00**.
- The applicant is required to show proof of current licensure in at least one state. You may attach a wallet card or equivalent document demonstrating current licensure to the application.
- If you are not currently licensed in any U.S. jurisdiction, please attach to the application a letter of explanation as to why the license was allowed to lapse and description of work performed since last renewal.
- The applicant must certify on the application that he/she has earned all necessary continuing education hours as outlined in 21 NCAC 02.0907. The Board's policy on reinstatement is found in 21NCAC2 .0213(b). Rules and laws are available on the Board's website at www.ncbarch.org.
- You are required to notify the Board of all contact information changes. ***All correspondence from NCBA will be via email.***
- After the Board office receives all of the necessary documentation, the application will be reviewed and placed upon the agenda of the Applications Committee for approval of reinstatement. After approval of the reinstatement, notification will be sent to your address on the application.
- **If your NC license was issued based on your NCARB certification , it must be active to be considered for reinstatement. You do not have to resubmit NCARB Certification (aka Blue Cover).**

Name (as preferred on license):		
Last _____ First _____ Middle (initial or name) _____		
Social Security Number: _____ NC Registration/License Number: _____		
Home Address:		Firm/Business Address:
Street _____ Apartment Number _____		Firm Name _____
City _____ State _____ Zip _____		Street _____ Suite/Rm. _____
		City _____ State _____ Zip _____
<p><i>As indicated above, all correspondence from NCBA will be via email. Please print your email address clearly.</i></p>	Email Address: _____	
	Home Phone Number: _____	
NCARB Certificate Number: _____	Firm/Business Phone Number: _____	
	Fax Number: _____	
	Date of Birth: _____	
	Place of Birth: _____	

The State of North Carolina

Name:

Employment (List only since license expired)

Full Name and Address of Employer (Begin with first, include military experience)	Dates of Employment from (Month Day, Year) to (Month Day, Year)	Total Time Employed (years/months) Specify part time or full time. State aver- age number hrs/wk.	Check Appropriate Experiences		
			Arch	Eng	Other—explain

Citizenship (circle one): Birth Naturalized Other _____

Original State of licensure (registration), number and expiration date: _____

List of all current licenses and expiration dates:

The State of North Carolina

Name in Full:

_____(initials) I hereby apply for Reinstatement of my North Carolina license to practice architecture.

_____(initials) I hereby certify that I have read the laws and rules governing the practice of architecture in North Carolina and that I will not willfully violate the statute or any rules or standard of conduct published by the North Carolina Board of Architecture.

_____(initials) I further certify that I have never been convicted of any felony and have never been the subject of disciplinary action in college or by another state architecture board except as explained on the reverse side of this form.

_____(initials) I certify that I have earned all necessary continuing education credit as outlined in 21 NCAC 02.0907

Affidavit and Notarization

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

Signature of Applicant

Printed Name

date

State of:
County of:

I, _____, A NOTARY PUBLIC in and for the said County, in the state aforesaid, DO HEREBY CERTIFY that

Is 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/she signed, sealed, and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND NOTARIAL SEAL

THIS DAY OF , 20

NOTARY PUBLIC

MY COMMISSION EXPIRES:

NOTARIAL SEAL

