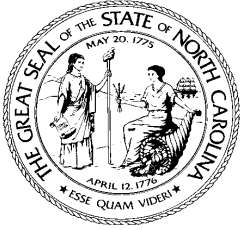


# The State of North Carolina



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](mailto:ncba@ncbarch.org)

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

Application to take the Architectural Registration Exam (ARE)

Application Fee: \$50.00

## Information and Instructions to all Individuals Applying to take the ARE

- Prior to completing this application you must read the Board rules and laws governing the practice of architecture in North Carolina, the are found at [www.ncbarch.org](http://www.ncbarch.org)
- Fill out the application and submit it along with the application fee to the address above.
- Applicants should contact the National Council of Architectural Registration Boards (NCARB) to have their completed Intern Architect Development Program (IDP) record transferred to the North Carolina Board. After the Board office receives all of the necessary documentation, the application will be reviewed for eligibility, and correspondence will be sent to your address on this application.
- You are required to notify the Board of all contact information changes. ***With the exception of ARE Scores, all correspondence from NCBA will be via email.***
- Score report information will **not** be given over the phone.
- Please print legibly.

Name (as preferred): Last _____ First _____ Middle (initial or name) _____	
Social Security Number: _____ Date of Application: _____	
Home Address: Street _____ Apartment Number _____ City _____ State _____ Zip _____	Firm/Business Address: Firm Name _____ Street _____ Suite/Rm. _____ City _____ State _____ Zip _____
<p><i>As indicated above, with the exception of ARE Score reports, all correspondence from NCBA will be via email. Please print your email address clearly.</i></p> <p><b>Email Address:</b> _____</p>	<p>Date of Birth: _____</p> <p>Place of Birth: _____</p>
NCARB IDP File Number _____	<p>Home Phone Number: _____</p> <p>Firm/Business Phone Number: _____</p> <p>Fax Number: _____</p> <p>Citizenship (circle one): Birth _____ Naturalized _____ Other _____</p>

The State of North Carolina

Name:

**Educational Background**

Preparatory Schools/ High Schools	City, State and Dates of Attendance	Grades Completed

Colleges, Universities, Technical Schools	City, State and Dates of Attendance	Grades Completed

Travel	Continuing Education	Research/Publications

**Professional Organizations/Public Service**

Name of Organization and Address

**Public and Community Service**


**Architect References**

Name three architects who are personally acquainted with your professional abilities.

Name and State of Registration	Address	Telephone Number



The State of North Carolina

Name:

\_\_\_\_\_(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 hereby apply for Registration and License to Practice Architecture by Computer Examination.

**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

