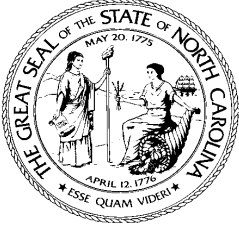


# The State of North Carolina



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 for Direct Reciprocity

Fee: \$150.00

## Information and Instructions to all Individuals Applying for Architect Registration

- Fill out the application and submit the application fee of \$150.00 to the address above. Make check payable to NCBA. **All correspondence from NCBA will be via email.**
- Applicants should contact the National Council of Architectural Registration Boards (NCARB) to have their non-certified record ("Buff Cover") transferred to the North Carolina Board. If you do not have a Buff Cover, contact your original state of registration and have them send to NC your entire record. This record must include, but is not limited to: college transcripts, pre-ARE employment verifications, ARE score and current licensure verifications
- After the Board office receives all of the necessary documentation, the application will be reviewed for eligibility. If you are eligible, an interview by the Board Applications committee may be required. You will be

Name (as preferred on license):

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 \_\_\_\_\_

*As indicated above, with the exception of ARE Score reports, all correspondence from NCBA will be via email. Please print your email address clearly.*

**Email Address:** \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Firm/Business Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

NCARB File Number, if applicable: \_\_\_\_\_

Continued on page 2

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	Degree Completed

Travel	Continuing Education	Research/Publications

**Professional Organization 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



Practice

In North Carolina I will offer/render my architectural services in the following manner, please initial the appropriate method:

\_\_\_\_\_As a sole proprietor or an employee of a sole proprietorship.

The firm name is \_\_\_\_\_.

(refer to rule 21 NCAC 02.0205)

\_\_\_\_\_As an employee, principle, officer, director or shareholder of a corporate entity.

The firm name is \_\_\_\_\_.

(refer to rule 21 NCAC 02.0214 for NC corporations or 21 NCAC 02.0215 for out of state corporations and G.S. 83A-8\*)

\_\_\_\_\_As an employee, principle, member, manager or owner of a limited liability company.

The firm name is \_\_\_\_\_.

(refer to rule 21 NCAC 02.0218 and G.S. 83A-8\*)

**\*An individual cannot hold himself out as offering architectural services for a corporation or LLC not registered to practice architecture in North Carolina. In cases of violation of General Statute 83A-8, the Board will prosecute the individual unless the employing corporation is licensed and registered in the State for architectural services. If a corporation or company (PA, PC, Inc, LLC, PLLC, etc.) employs you, please contact this office or our web site for the necessary forms to begin the firm registration process.**

\_\_\_\_\_As an employee or partner of a limited liability partnership.

The firm name is \_\_\_\_\_.

(refer to rule 21 NCAC 0216 and 21 NCAC 02.0219)

\_\_\_\_\_Other—Please describe in detail \_\_\_\_\_

Licensure

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

List of all licenses and expiration dates (current and expired):

Certification

\_\_\_\_\_ (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 or any other governing entity except as below. Attach a copy of the final order or similar documentation.

\_\_\_\_\_ (initials) I further certify that I have not offered or rendered architectural services as defined in G.S. 83A except as explained below.

Explanations, if necessary:

Name: \_\_\_\_\_

Citizenship (circle one):

Birth                      Naturalized

Other : \_\_\_\_\_

**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 sub-  
scribed 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

AFFIX PHOTOGRAPH HERE

Application will not be accepted  
without a photograph.