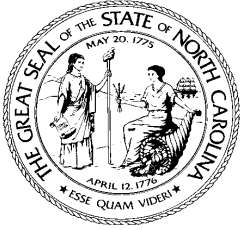


The State of North Carolina



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 Architect License Registration by Reciprocity

Fee: \$150.00

Information and Instructions to all Individuals Applying for License Registration by Reciprocity (You must have a valid NCARB Certification to use this form.)

- Return completed form to the North Carolina Board of Architecture at the address above with the application fee of \$150.00. Make the check payable to NCBA.
- Do not send this form to the National Council of Architecture Registration Boards (NCARB). Contact NCARB and instruct them to forward directly to the NC Board of Architecture office a copy of your Council Record (Blue Cover).
- After review and approval by the Executive Director, you will receive a letter stating your North Carolina License number. The North Carolina Board of Architecture does not issue temporary licenses for use during processing time and the applicant may not offer or render architectural services in the State until the Board issues a proper license.
- The Board directs the applicant's attention to the rules and laws governing the practice of architecture in North Carolina: General Statute 83A and 21 NCAC 02, both are available on the board web site www.ncbarch.org in the Rules/Laws section.
- You are required to notify the Board of all contact information changes. **All correspondence from NCBA will be via email.**

Name (as preferred on license):

Last _____ First _____ Middle (initial or name) _____

Social Security Number: _____ Date: _____

Home Address:

Street

Apartment or suite number

City

State

Zip

Firm/Business Address:

Firm Name

Street

Suite/Rm.

City

State

Zip

As indicated above, all correspondence from NCBA will be via email. Please print your email address clearly.

NCARB Certificate Number: _____

Email Address: _____

Home Phone Number: _____

Firm/Business Phone Number: _____

Fax Number: _____

Date of Birth: _____

Place of Birth: _____

Name in Full: _____

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 rules 21 NCAC 02 .0204, .0205)

____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 shall not violate the statute or any rules or standard of conduct published by the North Carolina Board of Architecture.

____(initials) I hereby apply for Registration and License to practice architecture by reciprocity with NCARB. My NCARB Certificate is current and in good standing. I understand that revocation of the NCARB certificate by NCARB shall automatically terminate my license to practice in North Carolina until such time as the certificate is reinstated by NCARB.

____(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 explained 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 in Full: _____

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

date of application

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 NOTARY SEAL

THIS DAY OF , 20

NOTARY PUBLIC

MY COMMISSION EXPIRES:

SEAL

AFFIX
PHOTOGRAPH
HERE

Application will not be accepted without a photograph.