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, check made payable to NC Board of Architecture.
- Rules and laws are available on the Board’s website at www.ncbarch.org.
- The applicant must certify on the application that all necessary continuing education hours as outlined in 21 NCC 02.0907 have been earned.
- 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.
- You are required to notify the Board of all contact information changes. All correspondence from NCBA will be sent via email.
- Upon approval of the reinstatement a notification will be sent to your email address on this application.
- If your NC license was issued based on your NCARB certification , it must be active to be considered for reinstatement of your NC license. You do not have to resubmit NCARB Certification (aka Blue Cover).

The Board asks questions about an applicant’s criminal, disciplinary and employment history to assist the Board in determining if the application should be granted, or if there is a valid basis for denying an application. In addition to the questions on the applications, the Board may conduct a formal criminal or disciplinary history check. Answering “yes” to any of these questions or having a conviction, disciplinary or adverse employment action is not automatically a basis for denial of licensure.

When an applicant has a criminal conviction, the Board will consider:

1. The level and seriousness of the crime;
2. The date of the crime;
3. The age of the person at the time of the crime;
4. The circumstances surrounding the commission of the crime, if known;
5. The nexus between the criminal conduct and the prospective duties of the applicant as a licensee;
6. The prison, jail, probation, parole, rehabilitation, and employment records of the applicant since the date the crime was committed;
6a. The completion of, or active participation in, rehabilitative drug or alcohol treatment;
6b. A Certificate of Relief granted pursuant to North Carolina Gen. Stat. § 15A-173.2;
7. The subsequent commission of a crime by the applicant; and
8. Any affidavits or other written documents, including character references.

The Board may consider any similar aggravating or mitigating circumstances with respect to the applicant’s disciplinary and employment history. If Board staff is unable to approve an application, the applicant has the right to request to have that application heard by the members of the Board. Any such request must be submitted in writing to the Board’s Executive Director. The Board will conduct that hearing pursuant to the North Carolina Administrative Procedure Act and the Board’s own hearing rules. As a result of the evidence presented at that hearing and considering the considerations outlined above, the Board may refuse to grant a license if it finds any of the grounds for doing so under North Carolina Gen. Stat. § 83A-15.

If the applicant is aggrieved by the Board’s final decision, the applicant may seek review of the decision by filing a petition for judicial review in the Superior Court. The procedures for seeking judicial review can be found in Article 4 of the Administrative Procedure Act, North Carolina Gen. Stat. § 150B-43 et seq. There are specific timelines and procedures for these proceedings, and failure to follow them may lead to the Superior Court dismissing or denying a petition. Therefore, close and prompt attention to the Administrative Procedure Act is required.

PLEASE KEEP THIS PAGE FOR YOUR RECORDS.
DO NOT RETURN IT WITH YOUR APPLICATION
Name (as preferred on license):
First _______________________________________
Middle _____________________________________
Last _______________________________________
Title _______________________(Jr. Sr. etc.)
Social Security Number: _____________________________________
NC Registration/License Number:__________________

Mailing Address __Home __Firm (select preferred)
____________________________________________________________________________________________________

Firm Name
_____________________________________________________________________________________________________
Street     Suite/Rm.
_____________________________________________________________________________________________________
City        State       Zip

All correspondence from NCBA will be via email. Please print your email address clearly.

Email Address:_______________________________________

Phone Number: _________________________________
Firm/Business Phone Number:___________________________
Alternate Phone Number :_____________________________
Date of Birth:____________________________  Place of Birth:____________________________
NCARB Certificate Number: ________________

Employment  (List only since license expired, use another sheet if necessary.)

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<thead>
<tr>
<th>Full Name and Address of Employer (Begin with first, include military experience)</th>
<th>Dates of Employment from (Month Day, Year) to (Month Day, Year)</th>
<th>Total Time Employed (years/months) Specify part time or full time. State average number hrs/wk.</th>
<th>Architecture Experience, Yes or No?</th>
<th>Engineering Experience, Yes or No?</th>
<th>Other, Explain</th>
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IMPORTANT - If you have NOT offered or rendered architectural services in the State of North Carolina since your license expired please certify below.

I ________________________________________ certify that I have NOT offered or rendered architectural services in the State of North Carolina since my license expired on ________________________.

If you have offered and rendered architectural services in the State of North Carolina since your license expired you must attach a list all projects. You must include all projects regardless of whether or not you placed your seal on the plans. Include a statement as to the current status of the project, project location and owner name,

_____ I hereby apply for reinstatement of my License Registration to practice architecture. 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.

_____ 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 laws or any rules or standard of conduct published by the North Carolina Board of Architecture.

_____ I have never had a credential or license denied, limited, reprimanded, suspended, disciplined in any manner or revoked.

_____ I have never been convicted of a felony or misdemeanor under any laws.

_____ There are no criminal charges pending against me.

_____ I have not been found guilty of misconduct, unprofessional conduct, dishonest or fraudulent practice, or incompetent practice by any court, board, agency, or professional organization.

_____ There are no charges pending against me before any court, board, agency, or professional organization for unprofessional conduct, dishonest or fraudulent practice or incompetent practice.

_____ I certify that I have read and understand the Public Notice Statement required by NCGS § 143-764(a)(5). The Public Notice Statement is found at http://www.ic.nc.gov/121317ECSPublicNotice.pdf

_____ I certify that I have not been investigated for employee misclassification per NCGS 143-764(a)(5). Questions regarding employee misclassification should be directed to NC Industrial Commission at 919-807-2582

If an answer to questions above is YES, please give full details on a separate sheet of paper attached to the application and, if applicable, attach a copy of the final order. The undersigned, 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

________________________________________________________
Printed Name

Version 10/2019