

# Oregon Board of Architect Examiners

205 Liberty Street NE, Suite A  
Salem, OR 97301  
Ph: (503) 763-0662  
Fax: (503) 364-0510  
www.orbae.com



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## APPLICATION FOR EXAMINATION

Application Fee - \$75

### PERSONAL INFORMATION (Please Print or Type)

Full Name \_\_\_\_\_

Other Names Used \_\_\_\_\_

Ms \_\_\_ Mrs \_\_\_ Mr \_\_\_ Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

\*Social Security No. \_\_\_\_\_ NCARB File No. \_\_\_\_\_

Are you enrolled in the IDP program? Yes \_\_\_ No \_\_\_ Have you completed the IDP program? Yes \_\_\_ No \_\_\_

Have you ever applied for registration in Oregon or any other state? Yes \_\_\_ No \_\_\_

If yes, please provide date & explain circumstances \_\_\_\_\_

Email Address \_\_\_\_\_

Firm Name \_\_\_\_\_

Firm Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_

Preferred Mailing Address: Business \_\_\_\_\_ Residence \_\_\_\_\_

### \*Social Security Number Requirement

You are required to provide your Social Security number as part of your application for an initial, renewed, or reinstated professional license or registration issued by the Board. Collection of the Social Security number is authorized by Oregon and federal law, ORS 25.785, ORS 305.385, 42 USC sec 666(a)(13) & 405(c)(2)(C)(i), and 20 USC secs 1078(b)(6) and 1091(a)(4). These laws prohibit the Board from processing any application for initial license, renewal, or reinstatement of a license unless the applicant provides his/her Social Security number. Failure to provide your Social Security number will be a basis to refuse to issue or renew the license/registration you seek. Your Social Security number may be used for child support, tax enforcement, as well as investigations by this Board.

**EDUCATION (Colleges, Universities, Technical Schools Attended)**

School \_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_  
School \_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_

**LICENSING & LEGAL HISTORY**

1. Have you ever been under investigation by any state licensing board or jurisdiction, including Oregon, for any potential violation of the laws or rules pertaining to the practice of architecture or unethical conduct?  
Yes \_\_\_ No \_\_\_
2. Have you ever been convicted of a felony or misdemeanor? Yes \_\_\_ No \_\_\_
3. Have you ever been denied registration in any state or licensing jurisdiction? Yes \_\_\_ No \_\_\_

*If you have answered "yes" to any of the above questions, please provide an explanation, along with dates and details of the situation on a separate sheet of paper.*

**AFFIDAVIT**

*I swear/affirm I have not practiced architecture or used the architect title in Oregon while I did not hold an active license unless I have so identified under the legal history section and attachments included with this application form. I swear/affirm that the foregoing statements are made in good faith, are true and complete; that all matters have been disclosed; and that I have read and understand this affidavit.*

\_\_\_\_\_  
Applicant Signature

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

Signed, Sworn and Affirmed before me on \_\_\_\_\_ by \_\_\_\_\_  
Date Applicant Name

My commission expires \_\_\_\_\_  
Date Notary Public Signature

(Seal)