

Oregon Board of Architect Examiners

205 Liberty St NE, Suite #A
Salem, OR 97301

Ph: (503) 763-0662

Fax: (503) 364-0510

www.orbae.com



ARCHITECTURAL FIRM APPLICATION - INFORMATION & FILING INSTRUCTIONS

Pursuant to the provisions of ORS 671.041 and OAR 806-010-0080, firms are required to file with this Board if they wish to engage in the practice of architecture in Oregon. In addition, firms are required to comply with the Oregon Secretary of State, Corporation Division-Business Registry requirements. For information or to request filing forms, contact the Secretary of State's office at (503) 986-2200.

FIRM NAME REQUIREMENTS

In accordance with the Oregon architectural laws, there are specific name requirements for firms that provide architectural services in Oregon. They are as follows:

1. The firm name must include a direct reference to "Architect," "Architecture," etc. ORS 671.041(c)
2. Any reference to Associates, Group, and the like must be to existing professionals currently within the firm. For example, *Smith & Associates Architecture* must employ 1 architect and at least 2 design related professionals. OAR 806-010-0110(3)(a)
3. An architectural firm may use the plural form of architect in the firm name only if the firm employs more than one architect who is actively registered in any jurisdiction recognized by this Board; and at least one of the architects is actively registered in Oregon. OAR 806-010-0110(7)
4. A firm name may not include the surname of an individual who is not presently or was not previously registered as an architect or engineer in any NCARB recognized jurisdiction. ORS 671.041(b)

PLEASE COMPLETE AND RETURN THE APPLICATION WITH THE FOLLOWING:

FEE

\$100 Application Fee - Submit a check or money order, made payable to the Oregon Board of Architect Examiners (OBAE). Firm registrations expire annually on January 31, and fees are not prorated.

DOCUMENTATION

Assumed Business Name, Limited Liability Company or Partnership, or Corporations - Submit evidence of the firm's compliance with the Secretary of State's office by providing a photocopy of the "Certificate of Existence" not more than 60 days old. (Refer to information in the initial paragraph of these instructions.)

Please provide evidence of active registration for the individuals listed in item #8 on the application. A photocopy of a license or registration card is acceptable.

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For office use only
Check # _____
Amount \$ _____

ARCHITECTURAL FIRM APPLICATION

Application fee - \$100

Please return your completed application and the required documentation to the address listed above. Please also include the \$100 filing fee by check or money order payable to the Oregon Board of Architect Examiners (OBAE).

Please read the instruction page prior to completing this application

1. REGISTRATION AS (Check the appropriate areas below)

- General Business Corporation
- Professional Corporation (Name must contain the words "Professional Corporation", or abbreviations thereof, i.e., "P.C." or "Prof. Corp.")
- Limited Liability Company (LLC)
- Partnership
- Assumed Business Name for: Corp.____ LLC____ Partnership____ Sole Proprietor____
- Other (Specify)_____

2. Firm Name _____

3. Mailing Address _____

City _____ State _____ Zip _____

4. Telephone _____ Fax _____

5. Firm Representative Name _____

6. Email Address of Firm *Representative _____

7. **Legal History** – Please answer the following questions and attach a separate sheet of paper to provide the Board with an explanation and specific dates and details for any "yes" answers.

- a. Has your firm ever been under investigation by any state licensing board or jurisdiction, including Oregon, for any potential violation of the rules and laws pertaining to the practice of architecture or for unethical conduct?
Yes ____ No ____
- b. Has your firm's registration ever been revoked, denied, or suspended in any state or by any licensing jurisdiction? Yes ____ No ____
- c. Was this firm using the firm name listed above or was architecture practiced under this firm name in Oregon or on Oregon projects while the firm was not registered or inactive under this Board? Yes ____ No ____

→ Please complete reverse side of this form

8. DIRECTOR(S), MEMBER(S), OR PARTNERS OF A FIRM

To qualify for certification, the Director(s) of the corporation; the Member(s) of the LLC; the Partners of the Partnership must be comprised as follows:

- At least 2/3 must be registered architects or engineers.
- At least 1/3 must be registered architects.
- At least 1 must be an architect currently registered in the state of Oregon.

Please list the Director(s), Members, or Partners in the table below. You may attach a separate sheet if additional space is required.

<u>DIRECTOR, MEMBER, PARTNER, PRINCIPAL, DESIGN-RELATED PROFESSIONAL(S)</u> - Please indicate name(s) of partners/members and ownership interest % for partnerships and LLCs. Please indicate names(s) of directors and voting control % for corporations.		<u>PROFESSION</u> ▶ Please enter professional status (i.e., Architect, Engineer, etc.)	<u>STATE REGISTERED & EXPIRATION DATE</u>
Name	%		

AFFIDAVIT and NOTARY

**By my signature below, I certify that I am the firm representative authorized to act on behalf of the applicant firm; I am either an officer of the firm, have voting control or hold ownership interest in the firm. I swear/affirm that this applicant firm has not practiced architecture or used the architect title in Oregon while the firm did not hold an active license in Oregon 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, and I declare under penalty of perjury that all statements and answers on this application are true and complete; that all matters have been disclosed; and that I have read and understand this affidavit.*

By _____ As _____
Firm *Representative's Signature Firm *Representative's Title

Of _____
Firm Name

STATE OF _____ COUNTY OF _____

This instrument was acknowledged before me on _____
Date

My commission expires _____
Date Notary Public Signature

(Seal)