

Oregon Board of Architect Examiners

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APPLICATION FOR RECIPROCITY
Application Fee - \$100

PERSONAL INFORMATION (Please Print or Type)

Full Name _____

Other Names Used _____

Ms ___ Mrs ___ Mr ___ Date of Birth _____ Citizenship _____

*Social Security No. _____ NCARB Cert No. _____ NCARB FileNo. _____

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

If yes, please provide date and 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.

REGISTRATION INFORMATION-list current active registration below; others on separate sheet

State of Registration: _____ Date Registered: _____
Registration Number: _____ Expiration Date: _____
Seismic Exam Passed ___ Yes ___ No Date: _____ State: _____

LICENSING & LEGAL HISTORY

1. Have you ever been called before any state licensing board or jurisdiction, including Oregon, for investigation concerning any violation of the laws or rules pertaining to the practice of architecture or unethical conduct? Yes__ No__
2. Has your registration ever been revoked, denied, or suspended in any state or licensing jurisdiction? Yes__ No__
3. Have you ever been convicted of a felony or misdemeanor other than a traffic violation? Yes__ No__
4. 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)