



# ARKANSAS STATE BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, AND INTERIOR DESIGNERS

101 East Capitol Avenue  
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Little Rock, AR 72201-3822

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Main (501) 682-3171  
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**Asa Hutchinson**, Governor  
**Kingsley Johnson Glasgow**, Executive Director

## ARCHITECT ACTIVE STATUS RENEWAL FORM

All certificates of registration shall expire on July 31 of each year and shall become inactive on August 1, unless renewed.

**IMPORTANT: The renewal fee of \$100 is non-refundable and MUST be RECEIVED in the Board office between JULY 1 - JULY 31 or be clearly POSTMARKED BY JULY 31 ANNUALLY.**

All questions must be answered and signed and requested information provided. If not, your application and payment will be returned and your registration will not be processed. Make checks payable and mail to:

ASBALAID, 101 East Capitol Avenue, Suite 110, Little Rock, AR 72201-3822.

**Your cancelled check will serve as your receipt.**

Failure to properly renew your registration between July 1 and July 31 annually will result in a late fee(s) in addition to the \$100 renewal fee.

If you practice with an expired license in the state of Arkansas, you will be subject to a civil penalty and other disciplinary actions as the board deems appropriate.

### 1. PERSONAL CONTACT INFORMATION ----- REQUIRED

Enter your individual license/registration number:

Last Name:

Phone Number 1:

First Name:

Phone Number 2:

Middle Name:

Fax Number:

E-mail Address\*:

\*all e-mail correspondence will be sent to the address provided.

Business Name:

Mailing Address:

City:

State:

Zip Code:

Country:

**IMPORTANT: Please check here if this is updated contact information.**

### THIS SECTION FOR BOARD'S USE ONLY

Name on Check:

Check Date:

Check Number:

Check Amount:

Review Date:

Approved By:

Denied By:

Renewal Date:

## 2. CONTINUING EDUCATION AFFIDAVIT ----- REQUIRED

To complete this section, you must attest that you are in compliance with the current state of Arkansas continuing education requirements. A copy of the board's continuing education guidelines are available at [www.asbalaid.arkansas.gov](http://www.asbalaid.arkansas.gov)

- I testify by checking the box to the left under risk of sanction that I am in full compliance with the board's current continuing education requirements. I also testify that I have read the Arkansas Architectural Act and Rules and Regulations. Additional documentation will be provided upon request. Note: Providing false information to the board is a direct violation of the board's rules and is subject to enforcement action.

***IMPORTANT: Documentation of continuing education shall be maintained by the architect for six years from the date of award. Failure to provide documentation in the event that you are selected for random audit will result in a civil penalty and other disciplinary action as the board deems appropriate.***

## 3. CRIMINAL CONVICTION ----- REQUIRED

Have you been convicted of any crime, other than a minor traffic violation, that you have not reported to the board?

- No criminal conviction
- Yes      Date of conviction:

If yes, provide explanation:

## 4. DISCIPLINARY ACTION ----- REQUIRED

Have you been investigated, charged, or disciplined since the filing of your last renewal, or are you currently under investigation by any governing or licensing board or by any state or federal agency?

- No disciplinary action
- Yes

If yes, provide explanation:

***IMPORTANT: "Disciplinary action" means any reprimand, fine, probation, suspension, revocation, cease and desist order, denial or registrations, or other action through which a person is sanctioned for a violation of laws relating to the practice of architecture or the regulation of architecture, including consent order, settlement, agreement, stipulation, or the like which incorporates such sanctions.***

**5. ARCHITECTURAL PRACTICE STATUS ---- REQUIRED**

Select one of the following statements that best describes your architectural practice:

- I contract under my firm's Arkansas certificate of authorization number,  and the firm's license number is in good standing with the state of Arkansas.
- My firm is in the process of obtaining a certificate of authorization to practice in the state of Arkansas.
- I understand that my firm is not licensed to practice in the state of Arkansas; therefore, I will only practice as an individual.
- I am not affiliated with a firm and will only practice as an individual in the state of Arkansas.

***IMPORTANT: Any corporation, professional corporation, and or any partnership, whether organized under the laws of this or any other jurisdiction, may not offer to engage in the practice of architecture in the State of Arkansas until such corporation or partnership has obtained a certificate of authorization issued by the board.***

**6. AFFIDAVIT STATEMENT ---- REQUIRED**

I testify by signing below under the risk of sanction that the information I have provided the board is accurate. I also testify that I have read the Arkansas Architectural Act and Rules and Regulations. Additional documentation will be provided upon request. Note: Providing false information to the board is a direct violation of the board's rules and is subject to enforcement action.

\_\_\_\_\_  
**Signature of Architect**

\_\_\_\_\_  
**Printed Name of Architect**

\_\_\_\_\_  
**Date**