



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

900 West Capitol
Suite 400
Little Rock, AR 72201
Main (501) 682-3171

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asbalaid@arkansas.gov

CERTIFICATE OF AUTHORIZATION ANNUAL RENEWAL APPLICATION

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

IMPORTANT: The renewal fee of \$250 is non-refundable and MUST be RECEIVED in the Board office between JANUARY 1 - JANUARY 31 or be clearly POSTMARKED BY JANUARY 31 ANNUALLY.

In order to continue your registration, you must complete all of the questions on this form and pay by check or money order. Make checks payable and mail to: ASBALAID, 900 West Capitol, Suite 400, Little Rock, AR 72201.

Your cancelled check will serve as your receipt.

Failure to properly renew your registration between January 1 and January 31 annually will result in a late fee(s) in addition to the \$250 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

Arkansas Certificate of Authorization Number	<input type="text"/>
Firm Name:	<input type="text"/>
Mailing Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip Code:	<input type="text"/>
Phone Number 1:	<input type="text"/>
Ext.:	<input type="text"/>
Phone Number 2:	<input type="text"/>
Ext.:	<input type="text"/>
Fax Number:	<input type="text"/>
E-mail Address*:	<input type="text"/>

*all e-mail correspondence will be sent to this address)

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

THIS SECTION FOR BOARD'S USE ONLY

Name on Check:	<input type="text"/>			<input type="text"/>
Check Date:	<input type="text"/>	Check Number:	<input type="text"/>	
Review Date:	<input type="text"/>	Approved By:	<input type="text"/>	
		Denied By:	<input type="text"/>	
		Renewal Date:	<input type="text"/>	

2. DIRECTOR/PARTNER INFORMATION

Provide the name and individual license number of the Director or Partner in whose charge the practice of architecture is for the State of Arkansas. This person **MUST** be registered to practice as an individual in the State of Arkansas and **MUST** match the information currently on file with ASBALAID.

Name:

License Number:

Provide name of individual completing application, if different than above.

NOTICE: The person in whose charge the practice of architecture is **MUST** be a partner, if a partnership, or director if a corporation, who is registered and maintains a valid Arkansas individual architect's license. **FAILURE** to maintain a valid individual license shall result in **REVOCAION** of your Certificate of Authorization. Any change that occurs in regard to the firm's director/partner status **MUST** be reported to ASBALAID within thirty (30) days after the effective date of the change.

3. ARKANSAS OFFICE CONTACT INFORMATION

Does your firm have an Arkansas office? Yes No

If you answer yes, provide your Arkansas office contact information.

Mailing Address:

City: State: Zip Code:

Phone Number: Ext.

Name of Architect in charge of Arkansas office:

Architect's Arkansas License Number:

4. DISCIPLINARY ACTION ----- REQUIRED

Has your firm or director/managing partner been investigated, charged, or disciplined since filing of your last renewal, or is your firm or director/managing partner currently under investigation by any governing or licensing board or by any state or federal agency?

Yes No

NOTICE: If your firm or director/managing partner has been disciplined, or is currently under investigation by any governing or licensing board that has not been previously reported to the board, you are required to provide full disclosure at this time. In addition you are required to submit this form along with a list of date(s) and violation(s), a copy of the consent order(s), and a letter of explanation regarding the disciplinary action or pending charges. Your application, along with supporting materials, will be presented to a subcommittee of the board for review.

"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. AFFIDAVIT STATEMENT ----- REQUIRED

I certify with my signature, under risk of sanction, that the information I have provided the Arkansas State Board of Architects, Landscape Architects and Interior Designers is accurate. I also certify that I have read the Arkansas Architectural Act and Rules and Regulations. Additional documentation will be provided if requested.

NOTICE: Providing false information to the ASBALAID is a direct violation of the Rules and Regulations and is subject to enforcement action. The Arkansas Architectural Act and Rules and Regulations may be viewed at <http://asbalaid.arkansas.gov>.

Signature of Principal

Printed Name of Principal

Date