



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

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

www.asbalaid.arkansas.gov
asbalaid@arkansas.gov

CERTIFICATE OF AUTHORIZATION INITIAL APPLICATION FOR LICENSURE

Every business entity seeking architectural licensure shall submit this application to the Board accompanied by the filing fee of \$250 established in Arkansas Code Annotated §17-15-311.

In the case of a corporation, a copy of the corporation's articles of incorporation or similar charter document certified by the secretary of state of the jurisdiction in which the corporation is organized is required.

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

ASBALAID, 900 West Capitol, Suite 400 Little Rock, AR 72201

Your cancelled check will serve as your receipt.

1. PERSONAL CONTACT INFORMATION---REQUIRED

Firm Name:	<input type="text"/>						
Business Address:	<input type="text"/>						
Address 2:	<input type="text"/>						
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>	Country:	<input type="text"/>
Phone Number 1:	<input type="text"/>	Fax Number:	<input type="text"/>				
E-mail Address*:	<input type="text"/>						
<i>*all e-mail correspondence will sent to the address provided</i>							
Web Address:	<input type="text"/>						
Type of Organization: <i>(Corporation, Partnership, Limited Liability, etc.)</i>	<input type="text"/>						

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"/>	Check Amount:	<input type="text"/>	
Review Date:	<input type="text"/>	Approved By:	<input type="text"/>	Denied By:	<input type="text"/>	
				License Issued:	<input type="text"/>	

2. DIRECTOR/PARTNER INFORMATION

List the name of the director or partner along with their Arkansas registration number who has the practice of architecture in his charge for the State of Arkansas. This person must be registered to practice architecture in the State of Arkansas.

Director/Partner: AR Registration #:

NOTE: This individual must maintain a current Arkansas Individual Architects License. Failure to maintain valid license shall result in revocation of Firms' Certificate of Authorization.

Original State of Organization:

3. ARKANSAS OFFICE CONTACT INFORMATION

Does this firm have an office in the State of Arkansas? Yes No

If YES, list Address:

Name of Architect in charge of AR office: AR License Number:

4. LIST OF DIRECTORS/PARTNERS

List below EVERY Director (Corporations/LLC) **OR** Partner (Partnership) including ALL of the following information.

Use additional sheets if necessary.

Eligibility Requirements: 2/3 of the Directors for a Corporation/Limited Liability Corporation or 2/3 of the Partners for a Partnership must be Architects or Engineers and one Director/Partner must hold a valid Arkansas Individual Architects' License.

Name: Registration State: Registration Number:

Firm Address/City/State/Zip

Discipline (Architect, Engineer, etc.)

Name: Registration State: Registration Number:

Firm Address/City/State/Zip

Discipline (Architect, Engineer, etc.)

Name: Registration State: Registration Number:

Firm Address/City/State/Zip

Discipline (Architect, Engineer, etc.)

Name: Registration State: Registration Number:

Firm Address/City/State/Zip

Discipline (Architect, Engineer, etc.)

5. AFFIDAVIT

If any answer to any of the following questions is "yes," please attach a detailed explanatory statement.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you or any agent of your firm practiced, or solicited architectural work or represented yourself as an architect in the State prior to having been licensed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you been disciplined by any occupational licensing board? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you currently under investigation by any occupational licensing boards? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Has your registration been denied, suspended or revoked in any jurisdiction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you surrendered or allowed a registration to lapse in any jurisdiction due to any action pending or threatened? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you signed any legal document that settles a dispute or charges against you brought by a Registration Board or a Court of Law? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you been found by a court or Registration Board to have violated the architectural registration laws or the professional/occupational laws of any jurisdiction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you entered into a negotiated settlement with regard to professional or occupational registration laws? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Have you ever been convicted of a felony, any crime involving moral turpitude, a misdemeanor involving fraud, deceit or misrepresentation or been convicted of any crime other than a minor traffic violation in any jurisdiction? (If yes, please list date(s), crime(s) and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Are there any felony/criminal charges now pending against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The applicant agrees as follows:

- I will not represent myself as an architect or offer to perform architectural services in the state of Arkansas until this application is approved and an architect's license has been granted by this board.
- No agent in my firm will offer to perform or contract to perform architectural services in the state of Arkansas until the application process is completed and an architect's license has been granted by this board.
- I have read the Architectural Act and Rules/Regulations of the Arkansas State Board of Architects, Landscape Architects, and Interior Designers in which I am applying and I am qualified to practice architecture in the state of Arkansas.
- I acknowledge that making a false statement to the above questions may subject me to disciplinary action including, but not limited to, immediate revocation or suspension of my registration.

The undersigned, being duly sworn, upon oath deposes and says that he/she is the person making the forgoing statements and that they are made in good faith and are true in every respect.

Signature of Director/Partner

Printed Name of Director/Partner

Date

6. NOTARIZATION. *To be made before a Notary Public or Official qualified by law to administer oaths.*

State of: _____ County of: _____

On this _____ day of _____ in the year _____, before me personally appeared _____, Applicant, known to me or satisfactorily proven to be the person herein described, and signed the foregoing Initial Application form, and on oath swears (or affirms) that all the statements herein made are true to the best of their knowledge and belief.

Date

Notary

My Commission Expires: _____

Notary Seal: