



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 REINSTATEMENT APPLICATION

Certificates of Authorization which have expired or have been revoked due to non-payment of the annual renewal fee may be reinstated through the payment of the renewal fee in effect at that time, plus a penalty of fifty dollars (\$50.00) per month for the first three (3) months after the certificate has expired or been revoked. Thereafter, an additional penalty of one hundred dollars (\$100.00) for the remainder of one (1) year will be incurred, for a maximum penalty of two hundred fifty dollars (\$250.00) per year for a **maximum of three (3) years**. Registrants who have allowed their Certificate of Authorization to lapse for a period of three (3) or more years MUST re-apply through the means by which the initial license was granted.

All questions must be answered and signed, and requested information provided or your payment will be returned, your registration will not be processed. In order to reinstate 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.

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 the address provided)

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

Name of Architect in charge of Arkansas office:

Architect's Arkansas License Number:

4. DISCIPLINARY ACTION --- REQUIRED

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 |

5. AFFIDAVIT STATEMENT --- REQUIRED

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 Principal

Printed Name of Principal

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: