



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

900 West Capitol  
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**NAME CHANGE AFFIDAVIT FORM**

**To: Arkansas State Board of Architects, Landscape Architects, and Interior Designers**

I,  , declare under penalty of perjury under the laws of the State  
(Last Name) (First Name) (Middle Name)

of Arkansas that the forgoing declaration is true and correct.

My former name was  . I have changed my name for all purposes  
(Last Name) (First Name) (Middle Name)

to  and I did not so change my name for the purpose of fraud.  
(Last Name) (First Name) (Middle Name)

I have attached documentation verifying that my name has been legally changes (e.g., copy of drivers license, passport, marriage license, court papers, etc.).

\_\_\_\_\_  
**Signature**

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

**Personal Information**

License Number

Phone Numer:

Date of Birth

(The telephone will be used in the event that questions arise concerning the name change affidavit form.)

(The date of birth will be used for verification purposes only.)

Select your licensure status (check one):

- Architect
- Landscape Architect
- Registered Interior Designer
- Emeritus Architect
- Emeritus Landscape Architect
- ARE Exam Candidate
- LARE Exam Candidate