



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

REGISTERED INTERIOR DESIGNER INITIAL APPLICATION FOR LICENSURE Form A

Every individual seeking interior designer registration shall submit this application to the Board, accompanied with the filing fee of \$250 established in Arkansas Code Annotated §17-35-302.

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

Your cancelled check will serve as your receipt.

1. PERSONAL CONTACT INFORMATION ---- REQUIRED

Form section for personal contact information including fields for Last Name, First Name, Middle Name, Social Security No., Business Phone, Residence Phone, Cell Number, E-mail Address, Preferred Address for Correspondence, Business Affiliation, Address, City, State, Zip Code, and Country for both Business and Residence.

THIS SECTION FOR BOARD'S USE ONLY

Form section for board's use only including fields for Name on Check, Check Date, Check Number, Check Amount, Review Date, Approved By, Denied By, and License Issued.

2. ELIGIBILITY CATEGORIES ---- REQUIRED

- CATEGORY A:** An interior designer who is a graduate of a **FIVE YEAR (5)** accredited interior design program and has completed **ONE YEAR (1)** of diversified and appropriate interior design experience - **AND** - provides evidence of passage of the entire **NCIDQ, AID, or NSID Exam**.
- CATEGORY B:** An interior designer who is a graduate of a **FOUR YEAR (4)** accredited interior design program **-OR-** a **MASTERS DEGREE** from an accredited program **-AND-** has completed **TWO YEARS (2)** of diversified and appropriate interior design experience **-AND-** provides evidence of passage of the entire **NCIDQ, AID, or NSID Exam**.
- CATEGORY C:** A licensed architect certified by the Arkansas State Board of Architects, Landscape Architects, and Interior Designers (ASBALAID) **-AND-** provides evidence of passage of the entire standard **NCIDQ Exam**.

3. CITIZENSHIP ---- REQUIRED

United States Citizenship: Birth Naturalized

Other Citizenship:

4. BIRTHDATE ---- REQUIRED

Birthdate:

Place of Birth:

Gender: Male Female

5. EDUCATION ---- REQUIRED

NOTE: A copy of a college, university, or technical school transcript with official seal should be mailed from the school to the applicant and included, unopened, with the other application materials sent to the Board.

School Name:

Degree: Date:

School Name:

Degree: Date:

6. EXPERIENCE ---- REQUIRED

*If self-employed, you **MUST** comply with requirements listed below:*

*Send documentation to prove a legitimate business for each year of experience needed with application. Send copies of **THREE** of the five for each of the three years.*

- 1. **Privilege License** - if required by applicant's municipality. If license is not required, send proof documenting this fact.*
- 2. **Re-Sale Tax Certificate***
- 3. **Voided Business Check***
- 4. **Corporation Papers***
- 5. **Business Advertisements***

Please describe your professional experience as a registered interior designer. Attach extra page(s) if necessary.

Supervisor Name: <input type="text"/>	Brief Description of Work Performed:
Business Name: <input type="text"/>	<input type="text"/>
Address: <input type="text"/>	
City: <input type="text"/> State: <input type="text"/> Zip Code: <input type="text"/>	
Your Position/Title: <input type="text"/>	
Employment Start Date: <input type="text"/> End Date: <input type="text"/>	

Supervisor Name: <input type="text"/>	Brief Description of Work Performed:
Business Name: <input type="text"/>	<input type="text"/>
Address: <input type="text"/>	
City: <input type="text"/> State: <input type="text"/> Zip Code: <input type="text"/>	
Your Position/Title: <input type="text"/>	
Employment Start Date: <input type="text"/> End Date: <input type="text"/>	

Supervisor Name: <input type="text"/>	Brief Description of Work Performed:
Business Name: <input type="text"/>	<input type="text"/>
Address: <input type="text"/>	
City: <input type="text"/> State: <input type="text"/> Zip Code: <input type="text"/>	
Your Position/Title: <input type="text"/>	
Employment Start Date: <input type="text"/> End Date: <input type="text"/>	

Supervisor Name: <input type="text"/>	Brief Description of Work Performed:
Business Name: <input type="text"/>	<input type="text"/>
Address: <input type="text"/>	
City: <input type="text"/> State: <input type="text"/> Zip Code: <input type="text"/>	
Your Position/Title: <input type="text"/>	
Employment Start Date: <input type="text"/> End Date: <input type="text"/>	

7. AFFIDAVIT ---- REQUIRED

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

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you represented yourself as a registered interior designer or utilized the title registered interior designer 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 interior designer 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 a registered interior designer or utilize the title registered interior designer in the state of Arkansas until this application is approved and an architect's license has been granted by this board.
- I have read the 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 utilize the title registered interior designer 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 Applicant

Printed Name of Applicant

Date

PLEASE INCLUDE A
RECOGNIZABLE
PHOTO IN THIS SPACE.

PHOTO MUST BE SIGNED
BY YOU AND DATED.
APPROXIMATE PHOTO
SAFE 2 1/2 x 2 1/2

8. NOTARIZATION ---- REQUIRED *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:



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REGISTERED INTERIOR DESIGNER INITIAL APPLICATION FOR LICENSURE
Form B

Applicant Name:

I have submitted an application to become a Registered Interior Designer in the state of Arkansas. Please complete this letter of reference and return it to me sealed in an envelope. As this reference is to used only in the evaluation of my application, it will remain confidential.

Signature of Applicant

Printed Name of Applicant

Date

INSTRUCTIONS: Please comment on the applicant. Attach additional sheets if necessary.

Scope of Services
or Responsibilities

Employment Start Date: End Date:

Ethics and
Business
Practices

PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT. YOUR SIGNATURE ACROSS THE SEAL OF THE ENVELOPE WILL ENSURE YOUR CONFIDENTIALITY.

Supervisor Name: Your Position/Title:

Business Name: Daytime Phone:

Address:

City: State: Zip Code:

Signature of Supervisor

Date