



# 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

## REGISTERED INTERIOR DESIGNER REINSTATEMENT APPLICATION

Licenses that have expired or have been revoked due to non-payment of the annual renewal fee may be reinstated at any time within three (3) years of the date of expiration by submitting this application and paying all fees determined by the Board. Those who have allowed their certification to lapse for a period of three (3) or more years must re-apply through the means by which the initial certificate was granted.

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

Enter your individual license number:

Last Name:  Phone Number 1:

First Name:  Phone Number 2:

Middle Name:  Fax Number:

E-mail Address:   
*\*all e-mail correspondence will go to the address provided*

Business Affiliation:

Preferred Mailing Address:

City:  State:  Zip Code:  Country:

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

## 2. DISCIPLINARY ACTION ---- REQUIRED

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

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. 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 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 |
| 7. Have you entered into a negotiated settlement with regard to professional or occupational registration laws?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. 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 |
| 9. 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 offer to perform registered interior design services in the state of Arkansas until this application is approved and a registered interior design registration has been granted by this board.
- I have read the Arkansas Interior Designers Title Registration 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 use the title of 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.



**4. AFFIDAVIT STATEMENT-----REQUIRED**

I testify by signing below under the risk of sanction that the information I have provided the board is accurate. I also testify that I have read the Arkansas Interior Designers Title Registration Act and Rules and Regulations. Additional documentation will be provided upon request. ***I also certify that I participated in the above listed continuing education activities during the period of January 1st and December 31st of the prior calendar year.*** Note: Providing false information to the board is a direct violation of the board's rules and is subject to enforcement action.

\_\_\_\_\_  
Signature of Interior Designer

\_\_\_\_\_  
Printed Name of Interior Designer

\_\_\_\_\_  
Date

**5. 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: