

**-STOP-**

If you have a NAAB-accredited degree, you may be able to apply directly through NCARB for auto-approval, rather than apply to the Arizona Board of Technical Registration for exam authorization.

# ARCHITECT

## INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR NCARB PROFESSIONAL EXAM AUTHORIZATION

**NOTICE: KNOWINGLY MAKING A FALSE STATEMENT IN CONNECTION WITH YOUR APPLICATION MAY BE CAUSE FOR DENIAL OF YOUR APPLICATION AND/OR REFERRAL FOR CRIMINAL PROSECUTION.**

Please review the Arizona Board of Technical Registration (AZBTR) **Rules** and **Statutes** on the website carefully. They establish the requirements for examinations and explain Board procedures. It is very important that you become thoroughly familiar with the Statutes and Rules.

- Complete each section of the application following instructions on the form and in Rule R4-30-204.
- Print the required information neatly or use a word processor. Be sure to sign it. If you require additional space, please attach a supplemental sheet of paper.
- The information on this website provides answers to the most frequently asked application related questions. All requests for information relating to your application status should be made **in writing**.
- Applicants requesting a waiver of exam must submit an application for waiver of examination. Please refer to the AZBTR website for the appropriate application.

Once the AZBTR receives a completed application, an application number will be assigned and a file established. **No refunds** will be made. It is your responsibility to ensure that your application is correct and complete. A completed application includes the following:

- Completed application with all questions answered, signed and dated
- A signed check or money order in the amount of \$100.00 for the application fee
- Military Status form
- Copy of a government issued photographic identification
- Official college transcripts, if applicable
- Three (3) Architect Certificate of Experience forms

**If you do not qualify for auto-approval for the exam through NCARB**, applicants must obtain pre-authorization approval to sit for an examination **by**:

**The Arizona Board of Technical Registration:** You should submit an application to sit for the examination to the Board if you do not have a NAAB accredited degree or do not have any formal education at all. The Board's approval process may take eight to twelve weeks depending on the applicant's qualifications and timely submission of required documents. If the Board has not received an application from you and approved you to sit for a national examination, you will not be authorized to take an NCARB examination. If approved, you will have one year from the date of approval to take and pass at least one section of the exam, otherwise you will need to re-apply and pay the application fee.

## Supporting documentation for application:

- The Board will maintain all documentation submitted (prior to applying) for a maximum of one year.
- Documentation from a previously submitted application may be used for a new application granted it falls within the AZBTR's retention schedule.
- Transcripts: Arrange to have copies of certified transcripts for all educational credit claimed sent **directly from the Registrar**. Electronic transcripts should be sent directly to **licensing@azbtr.gov**. The AZBTR will accept an education equivalency evaluation from a Board approved entity in place of official transcripts for foreign education. The evaluation must contain the applicant's graduation date. If the graduation date is not listed then official transcripts will be required. Please refer to A.A.C. R4-30-208 to determine the education allocation that may be applied to your degree.
- Foreign degree transcripts must be translated to English and evaluated by an entity of the Board's choosing. Evaluations must be completed prior to submitting an application with the Board, as the process for evaluation may take several months. Final evaluations must be submitted directly to the Board by the evaluating entity. Evaluations will not be accepted from the applicant. If the graduation date is not shown on the evaluation, then official transcripts will be required.
- Architect Certificate of Experience forms must be **submitted directly to the Board from the applicant's current or former supervisors** who are registered architects. The applicant is responsible for completing Section A of the form and mailing to the present and past supervisors. The sum of the six categories in the "Detailed Summary of Qualifying Experience" section of the form must total the amount (in months) of your employment with that particular company. The supervisors must complete Section B of the form and send all pages directly back to the Board. The Board will not accept forms that are submitted by the applicant and will not accept old forms previously submitted to any other jurisdiction. Forms may be sent electronically to **licensing@azbtr.gov**.
- If the applicant cannot provide Architect Certificate of Experience forms completed by supervisors, the applicant can submit a letter of explanation as to the reason why that requirement cannot be met and have three Architect Certificate of Experience forms submitted by professional references who are registered architects for consideration. Please note that submission of these alternate forms will be considered, but may not be accepted as demonstrating necessary experience.

An application is not considered “administratively complete” until all of the verifying documentation has been received. You will receive a notice from the Board via regular mail and email when your application is received and administratively reviewed. If you do not receive a confirmation within two weeks, you are welcome to contact your Licensing Specialist by email. Please refer to the “About Us” “Staff” section on the website to obtain the email for your assigned Licensing Specialist. Application assignments are made based on the first letter of the applicant’s last name.

Please refer to:

- A.R.S. §32.122.01
- A.A.C. R4-30-201
- A.A.C. R4-30-204
- A.A.C. R4-30-208



**State of Arizona  
BOARD OF TECHNICAL REGISTRATION**

1110 W. Washington Street, Suite 240, Phoenix, Arizona 85007 (602) 364-4930 FAX: (602) 364-4931 <https://btr.az.gov/>

**APPLICATION FOR NCARB (ARE) EXAMINATION AUTHORIZATION**

**PLEASE TYPE OR PRINT LEGIBLY**

**APPLICATION FEE \$100.00**

*Applicant must demonstrate at least 60 months of education and/or experience for Board authorization pursuant to R4-30-204.*

**1. GENERAL INFORMATION**

Name (First, Middle, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # (mandatory): \_\_\_\_\_

Residence Address: \_\_\_\_\_ Apt/Suite/Unit: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt/Suite/Unit: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Email: \_\_\_\_\_

If you have been legally known by another name(s) list here with explanation and submit relevant documentation with your application:

\_\_\_\_\_

**2. EDUCATION**

Name of Institution #1: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Years attended: \_\_\_\_\_ Major(s)/Minor(s): \_\_\_\_\_ Degree Type: \_\_\_\_\_

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Name of Institution #2: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Years attended: \_\_\_\_\_ Major(s)/Minor(s): \_\_\_\_\_ Degree Type: \_\_\_\_\_

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Education must be gained in accordance with A.R.S. 32-122.1. The Board must verify all education relevant to this application.

Please request that the registrar's office of the college or university you attended directly forward certified transcripts to the Board; this includes non-degreed applicants claiming educational credit.

**Internal Use Only** Receipt Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

### 3. QUALIFYING EXPERIENCE

Employer #1: \_\_\_\_\_ Your Supervisor: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Employment (to/from): \_\_\_\_\_ # of Hours Worked per Week: \_\_\_\_\_

Description of Work Performed (including Job Title): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

-----  
Employer #2: \_\_\_\_\_ Your Supervisor: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Employment (to/from): \_\_\_\_\_ # of Hours Worked per Week: \_\_\_\_\_

Description of Work Performed (including Job Title): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

-----  
Employer #3: \_\_\_\_\_ Your Supervisor: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Employment (to/from): \_\_\_\_\_ # of Hours Worked per Week: \_\_\_\_\_

Description of Work Performed (including Job Title): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Experience must be gained in accordance with A.R.S. 32-122.01. The Board shall verify all experience relevant to this application.

Please request your supervisor verify your experience on the "Architect Certificate of Experience Form" provided in this application packet and have them directly forward the completed form to the Board. The Board can only credit experience obtained under the direct supervision of a professional registrant pursuant to ARS 32-122.01(D) & (E).

If you cannot supply the names and addresses of three supervisors, you must provide to the Board a written, sworn statement, explaining the inability to provide this information. Additionally, you must request three professional references, unrelated to you, all of which are registered as Professional Architects, verify your experience on the "Architect Certificate of Experience Form" provided in this application packet and have them directly forward the completed form to the Board.

#### 4. CERTIFICATION / RELEASE

I certify the information contained in this application to be accurate, true and complete to the best of my knowledge. I authorize any individual, company or institution with whom I have been associated to furnish the Arizona State Board of Technical Registration with any information concerning my qualifications for professional registration/certification in Arizona, which they have on record or otherwise possess, and release the individual, company or institution and all individuals from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The Board will verify your answers by searching public records databases. If the Board determines that any of your answers are incorrect, you may become the subject of an investigation. Making a false statement in connection with this application may be cause for denial of this application and/or referral for criminal prosecution.

- Arizona Revised Statutes (“A.R.S.”) 41-1030(B) states that “[a]n agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.”
- A.R.S. 41-1030(D) states that “[t]his section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.”
- A.R.S. 41-1030(E) states that “[a] state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency’s adopted personnel policy.”
- A.R.S. 41-1030(F) states that “[t]his section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.”



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**PREVIOUSLY SUBMITTED DOCUMENTS AFFIRMATION FORM**

If you submitted an application to the Board previously, you may submit this form with your new application to request that the Board reuse documents provided with the previous application.

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I request that the Board reuse the following documents for the application attached.

- “Architect Certificate of Experience Form(s)” previously provided in application  
# \_\_\_\_\_.
  - “Engineer Certificate of Experience Form(s)” previously provided in application  
# \_\_\_\_\_.
  - “Geologist Certificate of Experience Form(s)” previously provided in application  
# \_\_\_\_\_.
  - “Land Surveyor Certificate of Experience Form(s)” previously provided in application  
# \_\_\_\_\_.
  - “Landscape Architect Certificate of Experience Form(s)” previously provided in application  
# \_\_\_\_\_.
  - Certified Transcripts previously provided in application  
# \_\_\_\_\_.
  - License/Exam Verification(s) from other states and jurisdictions previously provided in application  
# \_\_\_\_\_.
  - “Arizona Statement of Citizenship and Aliens Status for State Public Benefits” form previously provided in application # \_\_\_\_\_.
  - Copy of a Government issued photographic identification previously provided in application  
# \_\_\_\_\_.
- 

By signing, I affirm that I understand that the Board must consider its Record Retention Schedule and Confidentiality Laws (ARS 32-129), among other things, when determining my request, that the Board has the authority to deny my request and, if denied, I will be responsible for any missing documentation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date





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**Architect Certificate of Experience Form**

Applicant Name: \_\_\_\_\_

**SECTION A**

(To be completed by Applicant)

Employer Name, Address, and Telephone \_\_\_\_\_

Your Job Title \_\_\_\_\_

Your Supervisor/Reference Name and Job Title \_\_\_\_\_

If the name given above is other than an immediate supervisor, indicate below the professional relationship of the person you have chosen.

Co-Worker  Client  Other  Explain: \_\_\_\_\_

**DETAILED SUMMARY OF QUALIFYING EXPERIENCE**

Note: The detailed summary should include a description of the projects you worked on and a breakdown of time spent by category of experience. Please use next page to additionally detail your experience if needed.

Employment Dates: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (These dates should match the dates observed by supervisor/reference on Section B)

Approximate Number of Hours Worked Weekly \_\_\_\_\_

Experience Activity:

Activity	Total Months
Practice Management (R4-30-204)(A)(14)(a)	
Project Management (R4-30-204)(A)(14)(b)	
Programming and Analysis (R4-30-204)(A)(14)(c)	
Project Planning and Design (R4-30-204)(A)(14)(d)	
Project Development and Documentation (R4-30-204)(A)(14)(e)	
Construction and Evaluation (R4-30-204)(A)(14)(f)	
<b>Grand Total (sum for all activities - should equal same # of months as employment dates listed above)</b>	

Detailed Work Description: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I affirm under penalty of law that the foregoing statements and supporting documentation are accurate, true and complete to the best of my knowledge. I understand that submitting a materially false statement in connection with an application may be grounds for denial of this application and/or referral for criminal prosecution.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name \_\_\_\_\_

Supervisor/Reference please initial here \_\_\_\_\_



Applicant Name: \_\_\_\_\_

**SECTION B**

(To be completed by supervisor/reference)

The Board will rely on your answers to the questions below in determining whether or not this applicant should be issued a license to practice as a professional in Arizona. Please recognize the importance of this information and give due care to your responses. Use additional pages, if required. Please evaluate the qualifications of this applicant in the light of professional requirements. Please understand that, while an examination may determine an applicant's technical ability to do the standard task, it does not determine honesty, integrity, dependability, resourcefulness, judgment, ability to take responsible charge and other qualities and traits of character necessary in a competent and ethical professional. These characteristics show up in practice and are known only to the applicant's acquaintances and associates.

**If you are not a professional registrant, you must include your resume.**

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail: \_\_\_\_\_

Your job title at the time you supervised/knew the applicant \_\_\_\_\_

Have you personally supervised and examined the applicant's work? Yes  No   
Does the information presented by the applicant accurately reflect his/her experience? Yes  No   
(If "No" or "Don't Know," please explain.) Don't Know

Give the dates you observed the applicant performing professional duties, either directly or indirectly.

Date: From \_\_\_\_\_ To: \_\_\_\_\_ Directly/ Indirectly

How long have you known this applicant? \_\_\_\_\_

Is this applicant related to you by blood or marriage? Yes  No

From your personal knowledge, your appraisal of the applicant would be:

Rating Factors	Excellent	Very Good	Adequate	Below Par	Poor	Don't Know
Quality of Work						
Technical Knowledge						
Professional Attitude						
Professional Judgement						
Character & Reputation						

**Please include any remarks you have regarding this applicant on a separate piece of paper and submit with this form.**

Do you believe the applicant is qualified for registration? Yes  No   
(If you marked "No" or "Don't Know," please explain on a separate sheet.) Don't Know

I affirm under penalty of law that the foregoing statements and supporting documentation are true and correct to the best of my knowledge. I understand that submitting a materially false statement in connection with an application for registration is grounds for disciplinary action.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Architect Professional Registration# \_\_\_\_\_

Issue Date \_\_\_\_\_ State \_\_\_\_\_

**Place imprint of seal in the space to the right.**



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## Military Status - A.R.S. § 32-4304(A)(4)

Effective July 1, 2022, a regulating entity that issues an occupational or professional license shall “track veteran and military spouse status of applicants”. All state agencies shall report the information to the Governor’s office on an annual basis.

It is requested that you provide the following information in order for the Arizona Board of Technical Registration to comply with A.R.S. § 32-4304(A)(4):

Are you active duty military?

yes

no

I do not wish to answer

Are you a veteran?

yes

no

I do not wish to answer

Are you the spouse of an active duty military individual?

yes

no

I do not wish to answer

Are you the spouse of a veteran?

yes

no

I do not wish to answer