

-STOP-

Before filling out and submitting this application, please contact BTR licensing staff at 602-364-4930 to confirm that this is the appropriate application for you.

ARCHITECT

INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR WAIVER OF NCARB ARCHITECT REGISTRATION EXAMINATION (ARE)

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 examination and explain Board procedures. It is very important that you become thoroughly familiar with the Statutes and Rules. A violation of any of the provisions of the law or rules may be cause for disciplinary action against a registrant.

- Complete each section of the application following instructions on the form and in Rule R4-30-203.
- 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**.

Once the AZBTR receives a properly 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
- Completed, signed and dated “ Arizona Statement of Citizenship” form & supporting evidence
- Military status form
- Official college transcripts, if applicable
- Verification of licensure/registration from all registered states
- Copy of completion report of NCARB professional experience requirement (IDP/AXP)
- Three (3) Architect Certificate of Experience forms (COEs)
- Any applicable disciplinary or criminal documents – see further instructions

Instructions for Documentation of Professional Registration

- Applicants who hold a NCARB Council Record must contact NCARB directly and request that your record be made available to the Board.

OR

- Provide verifiable documentation that the applicant has been actively engaged and held an active professional registration in architecture in another jurisdiction for 10 of the last 15 years. The 10 years of practice must have been in one jurisdiction rather than a combination of experience in multiple jurisdictions.

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Application supporting documentation for education, experience and examination

- The Board will maintain all documentation submitted (prior to applying) for a maximum of one year.
- 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 your designated Licensing Specialist or 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 a 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.
- Verification of previous professional registration must be submitted to the AZBTR directly from the Board of jurisdiction. The applicant is responsible for requesting the verification from the Board of jurisdiction and is responsible for any fees required for verification of registration/exam.
- Completed IDP/AXP Report
- Three Architect Certificate of Experience forms must be submitted directly to the Board from the applicant's current or former supervisors who are registered in the same profession for which the applicant is applying to demonstrate that the applicant meets the experience criteria for registration. The applicant is responsible for completing Section A of the Architect Certificate of Experience forms and mailing them to present and past supervisors. The supervisors must review Section A and complete Section B of the Architect Certificate of Experience forms and send it directly back to the Board. The Board will not accept Architect Certificate of Experience forms that are submitted by the applicant and will not accept Architect Certificate of Experience forms submitted from any other Board or jurisdiction. Forms may be sent directly to your designated Licensing Specialist or Licensing@azbtr.gov.
 - Supervisors must complete a minimum of two of the three Architect Certificate of Experience forms. Registered Professionals in the applicant's specific field must complete all three Architect Certificate of Experience forms. However, if the third reference is not registered in the applicant's specific field; is not registered at all; or any whom are registered in a foreign jurisdiction, he or she must submit their personal resume.
 - If the applicant cannot provide at least two Architect Certificate of Experience forms completed by supervisors, the applicant must submit a letter of explanation on why that requirement cannot be met and additional Architect Certificate of Experience forms submitted by professional references for consideration.
- If you have had any license or registration disciplined in Arizona or another jurisdiction, you must provide an explanation and a copy of the Order. If you have been charged or convicted of a criminal offense, you must provide an explanation and have the court records sent to the AZBTR directly by the court of jurisdiction.

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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 when your application is received. 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.R.S. §32-126
- A.A.C. R4-30-201
- A.A.C. R4-30-203
- A.A.C. R4-30-208
- A.A.C. R4-30-214



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 WAIVER OF NCARB ARCHITECT REGISTRATION EXAMINATION (ARE)

PLEASE TYPE OR PRINT LEGIBLY
APPLICATION FEE \$100.00

1. GENERAL INFORMATION

Name: Last First Middle
Date of Birth: Social Security # (mandatory)
Citizenship or Legal Residence:
Residence Address: Apt/Suite/Unit
City, State, Zip: Tel. #
Mailing Address:
Mailing City, State, Zip:
Business Name:
Business Address: Suite
City, State, Zip: Tel. #
Email:
If you have been legally known by another name(s) list here with explanation and provide documentation:

2. BACKGROUND/DISCIPLINE

If the answer to any of the following questions is "yes," please attach a detailed explanatory statement (use additional sheets if necessary) and related official documentation. The board will verify your answers by searching public records databases and if it learns that you answered any of the following questions incorrectly you may be denied access to take the exam and/or registration in Arizona.

Please refer to the Important Notice to Applicants in the Instructions.

- 1. Have you ever been the subject of professional disciplinary action, including license denial, or do you now have such action pending against you in any state or jurisdiction (including Arizona)? Yes No
2. Have you ever been convicted of a criminal offense, including a misdemeanor such as a DUI? Even if on appeal, you must disclose. ("Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas MUST be reported) Yes No

Internal Use Only

Receipt Number Amount Paid:

Criminal History Check Completed
No Further Action Required
Further Information Required
Initials:
Date:

3. PREVIOUS PROFESSIONAL REGISTRATIONS/CERTIFICATIONS

(Please Provide Verifications of Licensure Issued by each state/jurisdiction)

Must provide documentation of registration as a professional architect in a jurisdiction for at least 10 of the last 15 years.

Professional Registry/Certifications (Please provide complete list).

Profession	State/ jurisdiction	Year Reg./Cert.	Reg./Cert.#	How registered/certified - (exam, education and experience, etc.)	Hrs. of Written exam	Active/ Canceled

4. NCARB COUNCIL RECORD

Do you hold a NCARB Record? (If so, please have it transmitted to the Board and you may skip sections 5, 6, and 7 along with supporting documentation)

Yes No

NCARB Record Number

NCARB Experience Requirement (IDP/AXP)

Completion Date:

5. EDUCATION

ALL EDUCATION RELEVANT TO THIS APPLICATION MUST BE VERIFIED BY CERTIFIED TRANSCRIPTS FORWARDED DIRECTLY FROM THE REGISTRAR'S OFFICE OF THE COLLEGE OR UNIVERSITY ATTENDED.

Name and Location of Institution	Years: From-To	Date Graduated	Major/Minor	Type of Degree
	TO			
	TO			

6. EXPERIENCE RELATED TO THE FIELD OF APPLICATION

The applicant's current and former employers must verify all experience on the Architect Experience Record and Superior/Reference forms provided them. Experience must be gained in accordance with A.R.S. 32-122. If experience was not gained under a registrant, provide your supervisor's resume along with the Architect Experience Record and Superior/Reference form. *If you cannot supply the names and addresses of three supervisors for at least three engagements, you must provide to the Board a written, sworn statement explaining the inability to provide this information.*

Must provide documentation of experience as a professional Architect in a jurisdiction for at least 10 of the last 15 years.

List experience below starting with your current employer:

Employment Dates: From mm/yyyy To mm/yyyy	Job Title:
Name And Current Address Of Employer:	
Supervisor's Name:	Supervisor's Title:
Average Number Of Hours Worked Weekly:	

Employment Dates: From mm/yyyy To mm/yyyy	Job Title:
Name And Current Address Of Employer:	
Supervisor's Name:	Supervisor's Title:
Average Number Of Hours Worked Weekly:	

Employment Dates: From mm/yyyy To mm/yyyy	Job Title:
Name And Current Address Of Employer:	
Supervisor's Name:	Supervisor's Title:
Average Number Of Hours Worked Weekly:	

Employment Dates: From mm/yyyy To mm/yyyy	Job Title:
Name And Current Address Of Employer:	
Supervisor's Name:	Supervisor's Title:
Average Number Of Hours Worked Weekly:	

7. REFERENCES

If you are unable to provide the names and addresses of supervisors for at least three engagements list the names and addresses here of three personal references unrelated to you, at least two of whom shall be registered or certified in the profession in which registration/certification is sought. Have your references verify your qualifications on the Certificate of Experience Record and Reference form. References must be available to attest to good moral character and reputation of the applicant. Non-Registrants must also include their personal resume.

Name	Address and Telephone Number	Position

8. 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.

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.

Signature of Applicant

Date

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.

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

**ARIZONA STATEMENT OF CITIZENSHIP AND
ALIEN STATUS FOR STATE PUBLIC BENEFITS**
Arizona State Board of Technical Registration

A.R.S. § 41-1080 provides that, with certain exceptions, an agency or political subdivision of this state shall not issue a license to an individual if the individual does not provide documentation of citizenship or alien status by presenting documentation to the agency or political subdivision indicating that the individual's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, IV and either Section II or III.

SECTION I - APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) _____ DATE _____

TYPE OF APPLICATION (check one): INITIAL APPLICATION RENEWAL

TYPE OF LICENSE _____

SECTION II – I am Providing Documentation Pursuant to ARS 41-1080(A)

Please indicate below which document you are providing to the Board. Pursuant to ARS 41-1080(E), if the document you provide to the Board does not include a photograph, you will be required to provide a government issued document that does contain your photograph in addition to the document you are submitting to the Board pursuant to ARS 41-1080(A). Please provide a copy of the document(s) with your application.

- 1. An Arizona driver license issued after 1996 or an Arizona nonoperating identification license.
- 2. A driver license issued by a state that verifies lawful presence in the United States.
- 3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
- 4. A United States certificate of birth abroad.
- 5. A United States passport.
- 6. A foreign passport with a United States visa.
- 7. An I-94 form with a photograph.
- 8. A United States citizenship and immigration services employment authorization document or refugee travel document.
- 9. A United States certificate of naturalization.
- 10. A United States certificate of citizenship.
- 11. A tribal certificate of Indian blood.
- 12. A tribal or bureau of Indian affairs affidavit of birth.
- 13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

SECTION III – I am exempt from providing documentation pursuant to ARS 41-1080(B)

If you complete this section, you are required to provide proof to the Board validating your exemption from the requirements of ARS 41-1080(A).

I acknowledge that I am exempt from providing documentation pursuant to ARS 41-1080 for the following reason:

Pursuant to ARS 41-1080(B)(1):
I am a citizen of a foreign country or I am currently residing in a foreign country, AND
The benefits that are related to the license do not require me to be present in the United States in order to receive those benefits.

Please indicate the document you are providing to the Board to establish that you are a citizen of a foreign country or are residing in a foreign country. The document need not include a photograph.

Document: _____

Pursuant to ARS 41-1080(B)(2):
I am a resident of another state, AND
I hold an equivalent license in that state to the one I am applying for in Arizona, AND
I seek the Arizona license to comply with Arizona’s licensing laws and not to establish residency in Arizona.

Please indicate the document you are providing to the Board to establish that you are a resident in another state and that you hold a license in that state that is equivalent to the one you are applying to in Arizona. The document need not include a photograph.

Document: _____

SECTION IV – Declarations

All applicants must complete this section. I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

Applicant’s Signature

Date

FOR RENEWAL APPLICATIONS ONLY:

Pursuant to ARS 41-1080(C), if you have affirmatively established citizenship of the United States or a form of nonexpiring work authorization issued by the federal government through one of the 13 documents requested in Section I, on renewal or reinstatement of a license, you are not required to provide subsequent documentation of that status.

Pursuant to ARS 41-1080(D), if, on renewal or reinstatement of a license, you hold a limited form of work authorization issued by the federal government that has expired, you shall provide documentation of that status.



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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



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Dear Reference:

In order to complete the application process, please complete and return requested information on the applicant indicated. Your responses will be kept confidential. To assist you in making your determination and recommendation on the applicant's qualifications, this office has secured from the applicant, and maintains in his/her file, the following Authorization and Release, properly signed:

AUTHORIZATION AND RELEASE

"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."

We request that you complete and return the enclosed form promptly so that the Board may act upon the application of this candidate. Thank you for your cooperation.

Sincerely,


Judith Stapley, Executive Director



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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)	
Grand Total (sum for all activities - should equal same # of months as employment dates listed above)	

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.