



State of Arizona BOARD OF TECHNICAL REGISTRATION

1110 W. Washington • Suite 240 • Phoenix, Arizona 85007 • (602) 364-4930 • FAX: (602) 364-4931 www.azbtr.gov

APPLICATION FOR ARCHITECT COMITY REGISTRATION

PLEASE TYPE OR PRINT LEGIBLY
APPLICATION FEE \$100.00

1. GENERAL INFORMATION

Name: Last _____ First _____ Middle _____

If you have been known by another name(s) list here with explanation _____

Date of Birth _____ Social Security # (Mandatory) _____

Residence Address _____

City, State, Zip/Postal Code _____ Tel.# _____

Employer/Business Name & Address _____

City, State, Zip/Postal Code _____ Tel.# _____

E mail _____

2. BACKGROUND/DISCIPLINARY

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*.

Please refer to the "[Important Notice to Applicants](#)" in the Instructions.

- | | | | |
|----|---|-----|----|
| A. | Have you ever been refused registration or certification in any state or jurisdiction? | Yes | No |
| B. | Has your registration or certification ever been suspended or revoked in any state or jurisdiction? | Yes | No |
| C. | Have you ever been the subject of professional disciplinary action, or do you now have such action pending against you in any state or jurisdiction (including Arizona)? | Yes | No |
| D. | Have you ever been the subject of any type of action by a regulatory agency, or do you now have such action pending against you in any state or jurisdiction (including Arizona)? | Yes | No |
| E. | Have you ever been arrested for or convicted of a misdemeanor other than a minor traffic violation? DUI is not a minor traffic offense.
(<i>"Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas MUST be reported.</i>) | Yes | No |
| F. | Have you ever been arrested for or convicted of a felony?
(<i>"Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas MUST be reported.</i>) | Yes | No |

ARCHITECT COMITY REGISTRATION

3. NATIONAL CERTIFICATES OF QUALIFICATION

Do you hold an NCARB certificate ? Yes No
 If Yes, provide the following:

Certificate #	Issue Date	Status

4. PROFESSIONAL REGISTRATIONS

(Issued by any state/jurisdiction)

Please have your Board of initial registration submit your exam scores directly to the Arizona Board of Technical Registration.

PROFESSIONAL REGISTRATIONS/CERTIFICATIONS:

State/ Jurisdiction	Year Reg.	Reg. #	Status Active/Cancelled

Have you been practicing in this jurisdiction for 10 of the last 15 years? Yes No

NCARB Certificate holders proceed to Section 9.

5. PENDING APPLICATIONS (PER A.C.C. R4-30-201 A. 8).

Do you have a professional registration application pending in any other state or jurisdiction? Yes No
 If Yes, provide the following:

State/ jurisdiction	Profession	Current Status

6. 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 _____			

7. QUALIFYING EXPERIENCE

The applicant's current and former employers must verify all experience on the Certificate of Experience Record and Reference forms provided to them. Experience must be gained in accordance with A.R.S. 32-122.01. If experience was not gained under a professional registrant, provide your reference's resume along with the Certificate of Experience Record and Reference form Pursuant to A.A.C. R4-30-201 (A)(11)(12)(14). 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; See Section 8.

8. REFERENCES/SUPERVISORS

Supply the names and addresses of three supervisors or references. List the names and addresses here of three personal references unrelated to you, at least two of whom shall be registered architects. 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. Have your references verify your qualifications on the Certificate of Experience Record and Reference form. Pursuant to A.A.C. R4-30-201 (A)(11)(12)(14).

	Name, Registration, Firm Name, Position in Firm, Address, Telephone, E-Mail
Supervisor Reference	
Supervisor Reference	
Supervisor Reference	

9. 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 _____

NOTICE

Knowingly making a false statement in connection with this application may be cause for denial of this application and/or referral for criminal prosecution.