



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 INITIAL ARCHITECT 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.

- 1. Have you ever been refused registration or certification in any state or jurisdiction? Yes No
- 2. Has your registration or certification ever been suspended or revoked in any state or jurisdiction? Yes No
- 3. 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
- 4. 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
- 5. Have you ever been arrested for or convicted of a misdemeanor other than a minor traffic violation? DUI is not a minor traffic offense. ("Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas *MUST* be reported.) Yes No
- 6. Have you ever been arrested for or convicted of a felony? ("Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas *MUST* be reported.) Yes No

**INITIAL ARCHITECT REGISTRATION
(Not Registered in Any Jurisdiction)**

3. NCARB IDP COUNCIL RECORD

Have you completed the NCARB IDP Program with a minimum of 36 months of experience documented?

Yes No

If yes, applicant must request that NCARB transmit IDP Record directly to the Board

NCARB Record/Certificate Number:

4. PROFESSIONAL REFERENCES

Provide the names and addresses of three professional references unrelated to you, at least two of whom shall be registered architects. *A.A.C. R4-30-201 (A)(11)(12)(14).*

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

5. 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.