

State of Florida
Department of Business and Professional Regulation
Board of Architecture and Interior Design
Application for Licensure by Examination
Form # DBPR AR 1

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION	APPLICATION REQUIREMENTS
Licensure by Examination	<ul style="list-style-type: none"> <input type="checkbox"/> Submit the non-refundable fee of \$60. Make check payable to the Florida Department of Business and Professional Regulation. <input type="checkbox"/> Contact the National Council of Architectural Registration Boards (NCARB) at 202.783.6500 or www.ncarb.org and request that they transmit or post your NCARB “Green Cover” Council Record to the Florida Board of Architecture and Interior Design.

Please mail your completed application, documentation and required fee(s) to:
 Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, FL 32399-0783

General Information:

If the Florida Board authorized you as an examination candidate prior to July 1, 2012 and you are currently taking the Architectural Registration Examination (ARE) do not complete this application.

Licensure by Examination is also known as the National Council of Architectural Registration Boards (NCARB) Direct Registration.

This application is used by individuals that have graduated from a National Architectural Accrediting Board (NAAB) accredited architectural program or the Canadian Architectural Certification Board (CACB) accredited architectural program, have completed the National Council of Architectural Registration Board's (NCARB) Intern Development Program (IDP), and have passed all sections of the Architectural Registration Examination (ARE) within the designated five year rolling clock.

Foreign Education: This section does not apply to CACB applicants. Foreign educated applicants must have an education evaluation provided through the National Council of Architectural Registration Boards (NCARB). Foreign education must be equivalent to the National Architectural Accrediting Board (NAAB) degree. If the foreign education is equivalent, NCARB will certify same in your “Green Cover” Council Record. If the foreign education is not equivalent, the applicant may be required to complete additional education. For more information contact [NCARB](http://www.ncarb.org) at 202.783.6500 or www.ncarb.org.

Helpful Information:

Upon licensure, please familiarize yourself with Chapter 481, Florida Statutes. You must obtain a seal as defined in Rule 61G1-16, Florida Administrative Code, Seals. If you would like to practice through a business entity, you must be an officer of that business entity and apply to the board for a business entity license known as a certificate of authorization. You can visit the board’s web site to obtain seal and certificate of authorization information.

a. Section I – Application Type

Check the box, Licensure by Examination.

b. Section II- Applicant Information

- i. Fill out each section completely.
- ii. In the Full Legal Name section provide your full legal name as it appears on your license. Do not use any nicknames or initials. Please list any aliases or prior names in the prior name information section.
- iii. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- iv. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant’s mailing address and may take longer to resolve.
- v. List any licenses that you currently hold or have previously held for a business or professional license/registration in Florida or elsewhere (if applicable).

c. Section III- NCARB Information

Provide your NCARB Council Record number and the date you requested NCARB post or transmit your “Green Cover” Council Record.

d. Section IV- Background Questions

- i. Question 1:
 - (1) If you answer “yes” to this question, you must complete Section IV (b) [*make additional copies as necessary*] of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.
 - (2) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
- ii. Question 2:
 - (1) If you answer “yes” to this question, you must complete Section IV (c) [*make additional copies as necessary*] of the application and provide a copy of the judgment or decree. You must also supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.
- iii. Question 3:
 - (1) If you answer “yes” to this question, you must complete Section IV (c) [*make additional copies as necessary*] of the application and supply copies of documentation explaining the denial or pending action.
- iv. Question 4:
 - (1) If you answer “yes” to this question, you must complete Section IV (c) [*make additional copies as necessary*] of the application and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.

e. Section V - Affirmation by Written Declaration

- i. Please read and sign the affirmation by written declaration.
- ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

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If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.
For additional information see the Instructions at the beginning of this application.

Section I- Application Type

CHECK APPLICATION TYPE
<input type="checkbox"/> Licensure by Examination [0201/1031]

Section II – Applicant Information

APPLICANT INFORMATION			
Social Security Number*			
FULL LEGAL NAME			
Last/Surname	First	Middle	Suffix
Birth Date (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
County (if Florida address)		Country	
CONTACT INFORMATION			
Primary Phone Number	Primary E-Mail Address		
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number	Fax Number		
Alternate E-Mail Address			

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Section II – Applicant Information – continued

CURRENT/PRIOR LICENSE INFORMATION			
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary):			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
PRIOR NAME INFORMATION			
Have you used, been known as, or are currently known by another name (e.g., maiden name or nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If your answer is yes, state name or names used below:			
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix

Section III – NCARB Information

NCARB INFORMATION	
What date did you request NCARB transmit or post your council record to the Florida Board?	Provide your NCARB Council Number here:

Section IV –Background Questions

BACKGROUND QUESTIONS			
1.	<input type="checkbox"/> Yes (If yes, please complete Section V (b))	<input type="checkbox"/> No	Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	<input type="checkbox"/> Yes (If yes, please complete Section V (c))	<input type="checkbox"/> No	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, related to the practice or profession for which you are applying, or is there any such case or investigation pending?
3.	<input type="checkbox"/> Yes (If yes, please complete Section V (c))	<input type="checkbox"/> No	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	<input type="checkbox"/> Yes (If yes, please complete Section V (c))	<input type="checkbox"/> No	Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to any question in questions 1-4 above, please refer to Instructions for detailed instructions for providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section V (b) for your response to question 1, and complete Section V (c) for your response to questions 2 through 4. If you have more than two offenses to document in Section V (b), or more than one offense to document in Section V (c), attach additional pages as necessary.

Section IV (b) – Explanation(s) for Background Question 1

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

