

State of Florida
Department of Business and Professional Regulation
Board of Architecture and Interior Design
Application for Licensure by State or Direct Endorsement
Form # DBPR AR 8

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

APPLICATION	APPLICATION REQUIREMENTS
<p>Licensure by State Endorsement</p>	<p>NOTE: This application method is used by individuals that have a valid license to practice architecture in another state or jurisdiction of the United States, if the criteria for issuance of such license were substantially equivalent to the licensure criteria that existed in this state at the time the license was issued.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Submit the non-refundable fee of \$200.00. Make check payable to the Florida Department of Business and Professional Regulation. <input type="checkbox"/> Submit official transcripts reflecting a minimum five-year professional Bachelor’s or Master’s degree in Architecture accredited by the National Architectural Accrediting Board (NAAB). Visit NAAB.org for a current list of accredited programs or the NAAB Historical list. <input type="checkbox"/> Submit proof of completing the National Council of Architectural Registration Boards (NCARB) Intern Development Program (IDP) OR submit the Practical Experience Form (IDP Equivalency) certifying two (2) years of licensed practice as an architect. <input type="checkbox"/> Submit proof of passing the Architectural Registration Examination (ARE) or a predecessor examination from your initial state of licensure. Exempted portions of the examination by means of experience and/or education are not acceptable. <input type="checkbox"/> Submit proof of a valid architecture license in good standing in another state or jurisdiction of the United States. <input type="checkbox"/> Submit your state or jurisdiction’s laws and rules from the year of initial licensure in order to substantiate equivalency to Florida’s requirements.
<p>Licensure by Direct Endorsement</p>	<p>NOTE: This application method is used by individuals that are not licensed to practice architecture in another state or jurisdiction of the United States but have passed an examination, completed an internship, and hold a valid degree. This application method can be used by individuals that were previously licensed in Florida but the license is null and void and the individual is not licensed in any other state or jurisdiction.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Submit the non-refundable fee of \$200.00. Make check payable to the Florida Department of Business and Professional Regulation. <input type="checkbox"/> Submit official transcripts reflecting a minimum five-year professional Bachelor’s or Master’s degree in Architecture accredited by the National Architectural Accrediting Board (NAAB). Visit NAAB.org for a current list of accredited programs or the NAAB Historical list. <input type="checkbox"/> Submit proof of passing the Architectural Registration Examination (ARE) or a predecessor examination from your initial state of examination. Exempted portions of the examination by means of experience and/or education are not acceptable. <input type="checkbox"/> Submit proof of completing the National Council of Architectural Registration Boards (NCARB) Intern Development Program (IDP).

Please mail your completed application, documentation and required fee(s) to:
 Department of Business and Professional Regulation
 400 Florida Sq } ^ ÁÚ } ¢
 Tallahassee, FL 32399-0783

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.

Application Instructions

a. Section I - Application Type

Check only the applicable transaction you are seeking.

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 – Education Information

Provide the name and address of the College or Universities you attended and include: the dates you attended, the date you graduated, and the degree received.

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, sign, and date 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 State Endorsement [0201/1033]
<input type="checkbox"/> Licensure by Direct Endorsement [0201/1034]

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 – Education Information

EDUCATION			
Name and Address of All Colleges or Universities Attended	From/To Date	Graduation Date	Degree Received

Section IV –Background Questions

BACKGROUND QUESTIONS			
1.	<input type="checkbox"/> Yes (If yes, please complete Section IV (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 IV (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 IV (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 IV (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 details on providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section IV (b) for your response to question 1, and complete Section IV (c) for your response to questions 2 through 4. If you have more than two offenses to document in Section IV (b), or more than one offense to document in Section IV (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	

Practical Experience Form (IDP Equivalency)

STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND
 PROFESSIONAL REGULATION
 2601 Blair Stone Road
 Tallahassee, FL 32399-0783

If you did not complete the National Council of Architectural Registration Boards' (NCARB) Intern Development Program (IDP) and are licensed in another state or jurisdiction, complete and submit this form. Two (2) years of licensed architecture practice in another state or jurisdiction is considered equivalent to the NCARB IDP program.

Applicant Name:													
State Endorsing Applicant: _____							Date of Initial Registration :						
Employer Name, Address, Phone:	Date of Employment (Must begin AFTER receipt of first license)						Length of Time Employed (Check ONE per line)		Status (Check One Per Line)			Total Time	
	FROM		TO				FULL TIME	PART TIME	Employee With ARCH Supervision	Employee W/O ARCH Supervision	Self- Employed	YR	MO
	MO	DAY	YR	MO	DAY	YR							
Employer Name, Address, Phone:	Date of Employment (Must begin AFTER receipt of first license)						Length of Time Employed (Check ONE per line)		Status (Check One Per Line)			Total Time	
	FROM		TO				FULL TIME	PART TIME	Employee With ARCH Supervision	Employee W/O ARCH Supervision	Self- Employed	YR	MO
	MO	DAY	YR	MO	DAY	YR							
Employer Name, Address, Phone:	Date of Employment (Must begin AFTER receipt of first license)						Length of Time Employed (Check ONE per line)		Status (Check One Per Line)			Total Time	
	FROM		TO				FULL TIME	PART TIME	Employee With ARCH Supervision	Employee W/O ARCH Supervision	Self- Employed	YR	MO
	MO	DAY	YR	MO	DAY	YR							
											TOTAL From Attached Forms	YR	MO
											GRAND TOTAL (10 yrs. min.)	YR	MO

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. **I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.**

 Applicant Signature