

Charles W. Drago, Secretary

Charlie Crist, Governor

**ARCHITECTURE POST-EXAMINATION REVIEW REQUEST FORM**

If you wish to request a review of your examination, complete this form and enclose the appropriate review fee listed below. This request **MUST BE RECEIVED** within twenty-one (21) days of the mailing date of grade notification, **otherwise it will NOT be processed.**

**PLEASE PRINT**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone No. (Home and Business): \_\_\_\_\_

Profession: \_\_\_\_\_ Specialty: \_\_\_\_\_

Examination Date: \_\_\_\_\_ \*Social Security Number: \_\_\_\_\_

Candidate I.D. Number: \_\_\_\_\_

**Architecture \$75.00 (Fee Payable to DBPR)**

**Candidates requesting a review of the Architecture exam must pay \$300 per division or test to the National Council for Architecture Registration Boards (NCARB). This fee must be forwarded directly to NCARB.**

**Information and instructions will be forwarded to each candidate with procedures for contacting NCARB once a request for review is received by the Department of Business and Professional Regulation.**

Candidate Signature: \_\_\_\_\_

**NOTE: The fee for review is non-refundable.**

*\*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal Statute. In this instance, social security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 4098.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all Professional and Occupational license applications and will be used for licensee identification pursuant to the personal responsibility and work opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 PUB.L.193, SEC.317.*

**MAKE CHECK OR MONEY ORDER PAYABLE TO D.B.P.R. RETURN THIS FORM WITH FEES TO:  
DBPR, Attention Review Coordinator**