

NAME

OREGON STATE BOARD OF ARCHITECT EXAMINERS 205 LIBERTY STREET NE, SUITE A SALEM, OR 97301 503.763.0662 www.oregon.gov/osbae

architectboard@osbae.oregon.gov

ARCHITECTURAL FIRM REINSTATEMENT APPLICATION

Application fees ar	e not refundable.									
See OAR 806-010-0080 for details on firm registration in Oregon.										
The Business Name or DBA on the <u>Certificate of Existence from the Oregon Secretary of State</u> must meet the requirements for firm names.										
FIRM REGISTRATION NUMBER ARF-										
FULL LEGAL BUSIN	ESS NAME									
DBA, if applicable										
FIRM TYPE	CORPORATION	PARTNERSHIP	LLC	SOLE PROPRIETOR	OTHER					
	ership interest in the f	·	oust be ar	officer or voting membe	er of the archite	ectural				
FIRM REPRESENTA	TIVE PHONE NUMBE	R		WORK	HOME	CELL				
FIRM REPRESENTA	TIVE EMAIL ADDRESS	5								
Oregon Registered	Architect(s) with res	ponsible control of	the provi	sion of architectural serv	ices in Oregon:					
NAME				ARI-						
NAME				ARI-						

ARI-

RESPONSES MAY REQUIRE REVIEW BY THE BOARD.

1.	Since the firm's Oregon registration became inactive, has the applicant or anyone with an interest in the applicant, had any action (fine, civil penalty, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational registration, license, certification, or permit held in this state or any other jurisdiction? If Yes , attach a detailed explanation and a copy of the charges and final order.	Yes	No
2.	Is the applicant or anyone with an interest in the applicant currently under investigation for activities related to the practice of architecture or the provision of architectural services in this state or any other jurisdiction? If Yes , attach a detailed statement of explanation. Include the individual or entity involved, the jurisdiction, the license/registration number(s), the allegations if you are aware of them, and all other relevant information.	Yes	No
3.	Since the firm's Oregon registration became inactive, in this state or any other jurisdiction, has the applicant or anyone with an interest in the applicant defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) If Yes , attach (A) a detailed statement of explanation; (B) the official court documents including the charging instrument or complaint and judgement; (C) the discharge notice for any probation served; and (D) all other relevant information.	Yes	No
4.	Has the firm solicited or provided architectural services in Oregon since the firm's registration became inactive? If Yes , attach a description of the solicitation or architectural services provided in Oregon.	Yes	No

CERTIFICATION

Unsigned applications will not be accepted by the Board. Before signing the application, you must familiarize yourself with the architect laws and rules. If you are downloading the application packet from the architect web site, also download the ORS (laws) and OARs (rules) posted there.

1.	Do you agree to abide by all the applicable laws and rules regarding the practice of architecture?	Yes	No
2.	Do you authorize any business associates (past and present) and any governmental agencies (local, state, or federal) to release to the Oregon State Board of Architect Examiners any information, files, or records which may be required for a background investigation?	Yes	No
3.	Do you understand that if you provide any false information in this application we may deny,	.,	
	suspend, or revoke your registration in Oregon?	Yes	No

I hereby certify under penalty of perjury that the information provided on this application is true and correct, and that the accompanying documents, if included, are genuine. I am the Firm Representative named in this application, I have read the contents thereof and, to the best of my knowledge and belief, the foregoing statements are true and correct in every respect.

Printed Name of Firm Representative
Signature of Firm Representative
Date Signed