



OREGON STATE BOARD OF ARCHITECT EXAMINERS
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 SALEM, OR 97301
 503.763.0662
www.oregon.gov/osbae
architectboard@osbae.oregon.gov

ARCHITECTURAL FIRM REINSTATEMENT APPLICATION

Application fees are not refundable.

See [OAR 806-010-0080](#) for details on firm registration in Oregon.

The Business Name or DBA on the [Certificate of Existence from the Oregon Secretary of State](#) must meet the requirements for firm names.

FIRM REGISTRATION NUMBER ARF-

FULL LEGAL BUSINESS NAME

DBA, if applicable

If the Full Legal Business Name or DBA includes wording which suggests the existence of additional persons in the firm, describe how the firm name meets the firm name requirements by explaining whether they are or were an owner or employee, or in a contract with the firm where they are or were registered as an architect in Oregon. Wording which suggests the existence of additional persons includes but is not limited to the names of people or the words "Associated", "Group", "& Associates", or "Partners". If more space is needed, attach a separate sheet.

If the word "Architects" is a part of the Full Legal Business Name or DBA, provide the names of two architects (owners or employees) actively registered in Oregon, or another jurisdiction. Include a jurisdiction in which they are registered/licensed and the associated registration number.

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| Name | Jurisdiction | Registration No. |
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| Name | Jurisdiction | Registration No. |
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FIRM TYPE CORPORATION PARTNERSHIP LLC SOLE PROPRIETOR OTHER

FIRM REPRESENTATIVE NAME - The Firm Representative must be an officer or voting member of the architectural firm, or have ownership interest in the firm:

FIRM ADDRESS

FIRM CITY, STATE, ZIP

MAILING ADDRESS, if different

MAILING CITY, STATE, ZIP

| | | | |
|----------------------------------|------|------|------|
| FIRM REPRESENTATIVE PHONE NUMBER | WORK | HOME | CELL |
|----------------------------------|------|------|------|

FIRM REPRESENTATIVE EMAIL ADDRESS

Oregon Registered Architect(s) with responsible control of the provision of architectural services in Oregon:

| | |
|------|------|
| NAME | ARI- |
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| NAME | ARI- |
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| NAME | ARI- |
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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? Yes No
If **Yes**, attach a detailed explanation and a copy of the charges and final order.

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? Yes No
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.

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.) Yes No
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.

4. Has the firm solicited or provided architectural services in Oregon since the firm's registration became inactive? Yes No
If **Yes**, attach a description of the solicitation or architectural services provided in Oregon.

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