

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

INDIVIDUAL REGISTRATION - NEW CONTACT INFORMATION

CONTACT INFORMATION CHANGE FORM

Each applicant, registered architect, candidate, architectural firm, and Architect Emeritus/Emerita/Emerit must maintain current contact information with the Board. Notify the Board in writing of changes to any and all contact information within 60 days of such a change.

Use page 1 of this form to update a registered individual's contact information. Use page 2 to update a registered firm's contact information.

Submit this completed form by mail or e-mail to the address above. Requested changes will appear on your next registration. If you wish to receive an updated registration card you must complete a Duplicate Registration Request Form. You may not change the name of your firm with this form. A change to the name of your firm requires submission of a Firm Name Change Application.

REGISTRATION NUMBER ARI-**FULL NAME** WORK/EMPLOYER NAME **NEW WORK ADDRESS** NEW WORK CITY, STATE, ZIP **NEW HOME ADDRESS** NEW HOME CITY, STATE, ZIP **WORK** PREFERRED MAILING ADDRESS **HOME** WORK HOME **CELL NEW PHONE NUMBER NEW E-MAIL ADDRESS** DATE SIGNATURE OF REGISTRANT: _____

For "Firm Registration – New Contact Information" see next page.

FIRM REGISTRATION – NEW CONTACT INFORMATION

REGISTRATION NUMBER	ARF-				
FULL LEGAL BUSINESS NAME					
DBA, if applicable					
FIRM REPRESENTATIVE NAME - or have ownership interest in the	- The Firm Representative must b he firm:	be an officer or voting m	nember of	the archit	ectural firm,
NEW FIRM PHYSICAL ADDRESS					
NEW FIRM PHYSICAL CITY, STATE, ZIP					
NEW FIRM MAILING ADDRESS					
NEW FIRM MAILING CITY, STATE, ZIP					
NEW FIRM REPRESENTATIVE PH	HONE NUMBER	1	WORK	НОМЕ	CELL
NEW FIRM REPRESENTATIVE E-	MAIL ADDRESS				
Oregon Registered Architect(s)	with responsible control of the p	provision of architectura	l services	in Oregon:	
NAME		ARI-			
NAME		ARI-			
NAME		ARI-			
SIGNATURE OF FIRM REPRESEN	NTATIVE	DA	TE		