

## 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.

## INDIVIDUAL REGISTRATION – NEW CONTACT INFORMATION

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

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

## **NEW FIRM ADDRESS**

NEW FIRM CITY, STATE, ZIP

 NEW FIRM REPRESENTATIVE PHONE NUMBER
 WORK
 HOME
 CELL

 NEW FIRM REPRESENTATIVE E-MAIL ADDRESS
 WORK
 HOME
 CELL

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

NAME	ARI-
NAME	ARI-
NAME	ARI-

SIGNATURE OF FIRM REPRESENTATIVE	DΔTF
	DAIL