



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.

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.**

SIGNATURE OF REGISTRANT: _____ DATE _____

Contact Information Change Form Revised 2/1/2025

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 PHYSICAL ADDRESS

NEW FIRM PHYSICAL CITY, STATE, ZIP

NEW FIRM MAILING ADDRESS

NEW FIRM MAILING CITY, STATE, ZIP

NEW FIRM REPRESENTATIVE PHONE NUMBER	WORK	HOME	CELL
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NEW FIRM REPRESENTATIVE E-MAIL ADDRESS

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 _____ DATE _____