



OREGON STATE BOARD OF ARCHITECT EXAMINERS  
205 LIBERTY STREET NE, SUITE A  
SALEM, OR 97301  
503.763.0662  
[www.oregon.gov/osbae](http://www.oregon.gov/osbae)  
[architectboard@osbae.oregon.gov](mailto:architectboard@osbae.oregon.gov)

### DUPLICATE REGISTRATION REQUEST APPLICATION

Pay the Duplicate Registration Fee (\$25 per item) under [ONLINE PAYMENTS](#) at [Oregon.gov/osbae](http://Oregon.gov/osbae), or include a check with your application. Checks should be made payable to OSBAE using the address above.

I hereby make application for a duplicate Certificate of Registration/Decorative Wall Certificate.

INDIVIDUAL REGISTRATION NUMBER   ARI-

FULL NAME

**OR**

FIRM REGISTRATION NUMBER           ARF-

FIRM NAME AS IT IS REGISTERED WITH THIS BOARD

Please provide a duplicate copy of my:

Certificate of Registration (\$25)

Decorative Wall Certificate (\$25)

### CERTIFICATION

- |  |     |    |
|--|-----|----|
| 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 to practice in Oregon?  | Yes | No |

I hereby certify under penalty of perjury that the information provided on this application is true and correct. I am the Applicant 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.

Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date Signed \_\_\_\_\_