



OREGON STATE BOARD OF ARCHITECT EXAMINERS
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DUPLICATE REGISTRATION REQUEST APPLICATION

Pay the Duplicate Registration Fee (\$25 per item) under ONLINE PAYMENTS at Oregon.gov/osbae, or include a check with your application. Checks should be made payable to the Oregon State Board of Architect Examiners (OSBAE).

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

REGISTRATION NUMBER ARI- or ARF-

FULL NAME

FIRM NAME

Please provide a duplicate copy of my:

Certificate of Registration (\$25)

Decorative Wall Certificate (\$25)

CERTIFICATION

- | | | |
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| 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.

Signature of Applicant _____

Date Signed