



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)

### INDIVIDUAL REINSTATEMENT APPLICATION

Application fees are not refundable.

REGISTRATION NUMBER                      ARI-                      \*SOCIAL SECURITY NUMBER                      -                      -

FULL LEGAL NAME  
Last                      First                      Middle

NAME AS YOU'D LIKE IT TO APPEAR ON YOUR REGISTRATION

WORK/EMPLOYER NAME

WORK ADDRESS

WORK CITY, STATE, ZIP

HOME ADDRESS

HOME CITY, STATE, ZIP

PREFERRED MAILING ADDRESS                      WORK                      HOME

PHONE NUMBER                      WORK                      HOME                      CELL

EMAIL ADDRESS (Used for all communication sent by this Board)

RESPONSES MAY REQUIRE REVIEW BY THE BOARD.

- 1. I have met the continuing education requirement as outlined in [OAR 806-010-0145](#).                      Yes                      No  
If **Yes**, attach your official certificates of completion or transcript for all required continuing education.  
If **No**, you must complete the continuing education requirement before your registration can be reinstated.
- 2. Since your Oregon registration became inactive, in this state or any other jurisdiction, have you had any action (fine, civil penalty, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational registration, license, certification, or permit held by you?                      Yes                      No  
If **Yes**, attach a detailed explanation and a copy of the charges and final order.
- 3. Are you currently under investigation for activities related to the practice of architecture or the provision of architectural services in this state or any other jurisdiction?                      Yes                      No  
If **Yes**, attach a detailed statement of explanation. Include the individual or entity involved, the jurisdiction, the license/registration number(s), the allegations if you are aware of them, and all other relevant information.
- 4. Since your Oregon registration became inactive, in this state or any other jurisdiction, have you defaulted or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.)                      Yes                      No  
If **Yes**, attach (A) a detailed statement of explanation; (B) the official court documents including the charging instrument or complaint and judgement; (C) the discharge notice for any probation served; and (D) all other relevant information.

5. Have you solicited architectural services, practiced architecture, or used the title "Architect" in Oregon since your registration became inactive? Yes      No  
 If **Yes**, attach a description of the solicitation, practice of architecture, or use of the title "Architect" in Oregon.

**\*SOCIAL SECURITY NUMBER (SSN) REQUIREMENT**

You are required to provide your SSN as part of your application for an initial, renewed, or reinstated professional registration issued by the Board. Collection of the SSN is authorized by Oregon and federal law, ORS 25.785, ORS 305.385, 42 USC sec 666(a)(13) & 405(c)(2)(C)(i), and 20 USC secs 1078(b)(6) and 1091(a)(4).

These laws prohibit the Board from processing any application for initial registration, renewal, or reinstatement unless the applicant provides their SSN. Failure to provide your SSN will be a basis to refuse to issue or renew the registration you seek. Your SSN may be used for child support and tax enforcement. The Board will use your SSN for these purposes only, unless you authorize other uses of the number. Your SSN will remain on file with the office.

**CERTIFICATION**

Unsigned applications will not be accepted by the Board. Before signing the application, you must familiarize yourself with the architect laws and rules. If you are downloading the application packet from the architect web site, also download the [ORS \(laws\)](#) and [OARs \(rules\)](#) posted there.

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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, and that the accompanying documents, if included, are genuine. 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