



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)

**APPLICATION FOR REGISTRATION BY EXAMINATION**

Application fees are not refundable.

FULL LEGAL NAME

Last

First

Middle

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

DATE OF BIRTH (MM/DD/YYYY)

/ /

\*SOCIAL SECURITY NUMBER

- -

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)

- |   |     |    |
|---|-----|----|
| 1. Do you hold a professional degree in architecture meeting the education standard under <a href="#">OAR 806-010-0010(1)</a> ? | Yes | No |
| 2. Have you completed the Architect Registration Examination (ARE)?   | Yes | No |
| 3. Have you completed the NCARB Architectural Experience Program (AXP)?   | Yes | No |

Upon completion of items 1-3 ask NCARB to transmit your completed record to this office.

COMPLETED NCARB RECORD NUMBER

**RESPONSES MAY REQUIRE REVIEW BY THE BOARD.**

- |   |     |    |
|---|-----|----|
| 4. Within the last 10 years, 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?<br>If <b>Yes</b> , attach a detailed explanation and a copy of the charges and final order.   | Yes | No |
| 5. 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?<br>If <b>Yes</b> , 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. | Yes | No |

6. Within the last 10 years, 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.
7. Have you solicited architectural services, practiced architecture, or used the title "Architect" in Oregon prior to this application? 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.

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