



OREGON STATE BOARD OF ARCHITECT EXAMINERS  
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 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 RECIPROCITY**

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)

If you are a servicemember or the spouse of a servicemember relocating to Oregon because of military orders, please check this box and include a copy of the military orders with this application.

1. Do you possess an active registration in another Board recognized jurisdiction/state? Yes No  
 If **Yes**, list all other jurisdiction(s) and registration number(s):

2. Do you possess an active National Council of Architectural Registration Boards (NCARB) **Certificate**? Yes No

If **Yes**, ask NCARB to transmit your certified NCARB record to this office.

NCARB Certificate No.:

If **No**, submit official documentary evidence of the following (Note: OSBAE will only accept official documents sent directly from the licensing agency):

- (A) A professional degree in architecture meeting the education standard under OAR 806-010-0010(1) [Note: if you do not meet this requirement you must hold an active NCARB certificate and have your certified record transmitted to this office];
- (B) Successful completion of the ARE or the examination equivalent to the ARE as listed in the current NCARB Certification Guidelines; and
- (C) Completion of the NCARB AXP program, or two years of practice in architecture in a Board recognized jurisdiction after initial registration or licensure.

RESPONSES MAY REQUIRE REVIEW BY THE BOARD.

- 3. 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? Yes    No  
If **Yes**, attach a detailed explanation and a copy of the charges and final order.
- 4. 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.
- 5. 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 judgment; (C) the discharge notice for any probation served; and (D) all other relevant information.
- 6. Prior to this application, have you engaged in the practice of architecture, offered to engage in the practice of architecture, or advertised that you are authorized to practice architecture in Oregon? Yes    No  
If **Yes**, attach a description of the offer, engagement, or advertisement 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