

OREGON STATE BOARD OF ARCHITECT EXAMINERS 205 LIBERTY STREET NE, SUITE A SALEM, OR 97301 503.763.0662 www.oregon.gov/osbae

architectboard@osbae.oregon.gov

ARCHITECT EMERITUS, ARCHITECT EMERITA, OR ARCHITECT EMERIT APPLICATION

Complete ALL fie	elds				
CHOOSE ONE:	ARCHITECT EMERITUS	ARCHITECT EMERITA	ARCHITE	ECT EMERIT	
FULL LEGAL NAI	ME				
	D LIKE IT TO APPEAR ON WALL	CERTIFICATE			
MAILING ADDRI					
MAILING CITY, S	STATE, ZIP				
PHONE NUMBE			НОМЕ	CELL	
E-MAIL ADDRES	S				
REGISTRATION NUMBER ARI-					
REQUESTED EFFECTIVE DATE OF INACTIVE STATUS (the date may not be retroactive)					
MEQ020125 211		The date may not be	.couc.rc	,	
I certify the follo	owing:				
 I practiced architecture in a recognized jurisdiction for a minimum of 20 years, from 					
	to , for a tota	al of years.			
			dual certific	ate of	
	 While actively practicing architecture I held an Oregon individual certificate of registration and was an Oregon resident for at least 10 consecutive years, from 				
to, for a total of years.					
	, 101 a 1012	or or years.			
l un	I understand the statutes and rules related to the title I am requesting, OAR 806-010-0130				
As of the above-requested effective date, I will no longer practice architecture in the State					
of C	Pregon without an active Oreg	on registration.			
l un	I understand it is my responsibility to reinstate my Oregon architectural registration in				
	er to practice architecture in t estatement outlined in <u>OAR 80</u>	- ,	pleting the r	equirements for	
Signature o	f Applicant:		Date		