



OREGON STATE BOARD OF ARCHITECT EXAMINERS
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ARCHITECT EMERITUS, ARCHITECT EMERITA, OR ARCHITECT EMERIT APPLICATION

See instructions on website

Complete ALL fields

CHOOSE ONE: ARCHITECT EMERITUS ARCHITECT EMERITA ARCHITECT EMERIT

FULL LEGAL NAME

NAME AS YOU'D LIKE IT TO APPEAR ON WALL CERTIFICATE

MAILING ADDRESS

MAILING CITY, STATE, ZIP

PHONE NUMBER

HOME

CELL

E-MAIL ADDRESS

REGISTRATION NUMBER ARI-

REQUESTED EFFECTIVE DATE OF INACTIVE STATUS

I certify the following:

- I practiced architecture for a minimum of 20 years, from _____ to _____ , for a total of ____ years.
- 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.
- 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 Oregon without an active Oregon registration.

I understand it is my responsibility to reinstate my Oregon architectural registration in order to practice architecture in the State of Oregon by completing the requirements for reinstatement outlined in OAR 806-010-0060.

Signature of Applicant: _____ Date