



STATE OF NEW HAMPSHIRE
APPLICATION FOR LICENSURE
AS AN ARCHITECT

\$150.00 – Architectural Registration Exam

\$250.00 – NCARB Certification

\$325.00 – Direct to State Reciprocity

The application must be legible filled out completely and typewritten
Check Payable to "Treasurer, State of NH" or
complete the enclosed credit card form (**Non-Refundable Fee**)

1. General Information

Name _____

Last

First

Middle

Names Previously Used (if applicable) _____ SS# _____

Residence Address _____
zip code _____

Business Name _____

Business Address _____
Indicate mailing address by check box zip code _____

Business Phone _____ Home Phone _____

Email: _____ Citizenship: Birth _____ Naturalized _____

Place of Birth _____ Date of Birth _____

2. Registration/Licensure Information

Have you taken and passed the Architectural Registration Exam (ARE)? _____

If yes indicate: State _____ Date Completed : _____

Licensed by **ARE** Exam? _____ If not how? _____

State in which first registered or licensed as an Architect _____

Date of Licensure _____ License Number _____ Is License now in force? _____

If not in force, indicate why _____

Have you **ever** applied for an architect's license in **New Hampshire**? _____ Status _____

Professional Licenses: List all states where you hold or have held licensure. Use a separate sheet if necessary. Verification of one current license as well as verification from the state(s) where examination(s) was administered is required.

License #	State	Year Licensed	Written Examination	Reciprocity or Grandfather	Active or Lapsed

3. General Information Questions

CHECK ONE:

YES NO

1. Have you ever been convicted of any felony or any misdemeanor, or a violation involving architecture or the practice of architecture. If so, name the court, the details of the offense and the date of conviction and the sentence imposed.
2. Have you ever lost or been denied registration/licensure as an architect or disciplined by another licensing board in any other state and if so, an explanation of the circumstances?

If the answer is yes to any of the above questions, submit a written explanation with your application

NCARB RECORD:

An NCARB record is for licensed architects who practice in multiple states.

YES NO

1. Do you have an NCARB Council Record?
2. I have requested NCARB to transmit my Council Record to the Board Office on:

Indicate Date Transmittal Requested. _____

INTERN DEVELOPMENT PROGRAM (IDP) INFORMATION:

Have you completed IDP? _____

If yes indicate: Date Completed : _____

Date you requested NCARB transmit your IDP record to the Board: _____

IDP Record Number (if applicable): _____

7. Practical Experience

This information described below is a summary of your experience, and should start with your first employer.

Date of employment Indicate month & year Total time employed	1. Name & Address of Employer - Title of Position 2. Location and Character of Each Position 3. Degree of Responsibility	Name and present address of someone familiar with each position, preferably person to whom applicant reported or with whom he/she was associated.	Check Appropriate Experience		
			General Practice of Architecture	Teaching and Research	Public Service

8. Public and Community Service (optional)

Name of Organization	Location	Grade or Membership	Date

9. Affidavits

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application are material, not only to the issuance of the certificate of licensure, as applied for, but also to the retention of said certificate, if issued.

Signature of Applicant

Date

ADDRESS ALL COMMUNICATIONS TO:

N.H. JOINT BOARD
57 REGIONAL DRIVE
CONCORD, N.H. 03301

Find us on the on-line at www.nh.gov/jtboard/home.htm

rev. 2/2/10



RETURN THIS CHECKLIST WITH YOUR APPLICATION

APPLICATION CHECKLIST

Candidate Name

Before you mail your application to the Board, please check the following items carefully. Your attention to these details will make it possible for the Board Staff to process your application without delay.

Applicants who hold a National Council of Architectural Registration Boards Record (NCARB) must complete pages 1 and 2, sections 5 and 9.

ARE Applicants who have a completed IDP Record must complete sections 1-9.

Have you:

Marked the box on the application form indicating which address you want us to use?

Included the correct fee with the check made payable to **Treasurer, State of NH** or completed the enclosed credit card sheet?

NCARB & IDP record holders - Have you contacted NCARB to transmit your record to the Board?

Submitted an application for a Certificate of Authorization (COA) if you will be offering your services through a business entity required per RSA 310-A:42-a available at www.state.nh.us/jtboard/forms.htm? COA will not be issued until Architect's stamp is approved.

Signed and dated the application?

Included this Checklist with your application?

***These items are additional items required for applicants through Direct-to-State Reciprocity or who need the Board's approval to compile the IDP record through NCARB.**

***Completed the "References" portion of the application, sent reference forms and Board addressed and stamped envelopes to each of your references, and kept a blank copy of the form for yourself?**

***Requested your college/university to send us your transcript directly?**

***Completed Section I and sent the verification form to the appropriate state board/s along with a stamped envelope on which you have placed one of the New Hampshire Board address labels?**

REQUEST FOR VERIFICATION OF LICENSURE OR EXAMINATION

PART A. Candidate Information – To be completed by the Candidate

Applicant Name:	Date of Birth:	
Address:		
City	State	Zip

**PART B. To be completed by verifying Board and returned directly to:
New Hampshire Joint Board, 57 Regional Drive, Concord, NH 03301-8518 Phone: (603-271-2219)**

I. THE ABOVE NAMED PERSON WAS LICENSED AS AN:	Certificate	Date	Valid
	Number	Issued	Until
<input type="checkbox"/> ARCHITECT			
II. MINIMUM REQUIREMENTS WERE:			
1. Written Exam	Date Completed		
2. Reciprocity	From what State?		
3. Other:			
III. QUESTIONS			
1. Has any disciplinary action ever been taken against the applicant?	Yes	No	
2. If so, has the disciplinary case been satisfied to the Board's requirements?	Yes	No	
If no please explain			
State:			
By:			
Title:	Mandatory Board Seal		
Date:			

NH JOINT BOARD OF LICENSURE &
CERTIFICATION
57 REGIONAL DRIVE
CONCORD NH 03301-8518

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Note: This page may be printed or copied on a 3 by 10 label sheet to create mailing labels for use with reference letter envelopes, etc. This setup is for Avery label 5960.

NEW HAMPSHIRE BOARD OF ARCHITECTS
57 REGIONAL DRIVE
CONCORD, NH 03301

Dear Sir/Madam:

An individual has applied to this Board for Licensure as an Architect in the State of New Hampshire and has given your name either as a reference or has stated that he/she has worked for or with you. We will, therefore, appreciate your sending us information requested on the reverse hereof, and assure you that such information as you give will be treated in the strictest confidence.

Any person signing this statement will be expected to know the following:

This Board is required by law to obtain evidence of good character and qualifications of applicants for licensure as an Architect. Statements by responsible persons with actual knowledge of the applicant's character and qualifications, if made on this form, will be filed by the Board for consideration as evidence in such connection.

The Board desires to emphasize that evidence submitted on these forms should not be perfunctory, nor made for the mere purpose of aiding the applicant to be licensed.

Since the board cannot review the application until replies are obtained from these references a prompt reply will expedite our handling of the applicant's request for licensure. **Please make certain that you enter the applicant's name on the reference form.**

Very truly yours,

A handwritten signature in cursive script that reads "Bobbie Carter".

Bobbie Carter
Program Assistant

Re: Application of _____

(NAME IS REQUIRED)

THIS IS CONFIDENTIAL INFORMATION - FOR USE OF BOARD MEMBERS ONLY

1. What is your full name _____
(to be typewritten or printed)

2. What is your present business or profession? _____

3. Are you a licensed Architect? _____ If yes, in what State? _____
Yes No

4. How long have you known the applicant? _____

5. Are you in any way related to the applicant? _____

6. What has been your business connection with the applicant? _____

7. Do you know anything reflecting adversely on the integrity or general good character of the applicant?

8. Please give a brief estimate of the applicant as an architect. _____

9. Would you employ the applicant in a position of trust? _____

10. If the applicant is connected with a firm, please provide its name and address.

Position he/she fills _____

11. Is the applicant qualified to be placed in responsible charge of design or supervision of work with full authority to change designs or specification? _____

12. If the applicant is in individual practice, please indicate the nature of such practice _____

13. Do you recommend the applicant for licensure as an architect? _____

14. Remarks concerning the applicant _____

I make the above statements with full knowledge that the person referred to is making application for licensure to the State of New Hampshire as an Architect.

Date _____

Written Signature _____

Date _____

College or University Registrar

Dear Registrar:

Enclosed please find my fee in the amount of \$_____ in payment for a certified transcript of my scholastic record. I attended college during the years _____ to_____. I received my degree on _____.
My Social Security number is _____ and my date of birth is _____.

My student identification number was _____.

Please send the transcript ***directly*** to the following address:

New Hampshire Joint Board of Licensure
57 Regional Drive
Concord, New Hampshire 03301-8518

The Board of Architects have informed me that they will treat the transcript in accordance with the provisions of the Education Rights Privacy Act and that no unauthorized person will have access to the transcript.

Sincerely,

(Signature)

(Printed Name and Address)

Credit Card Sheets are not accepted via e-mail.

CREDIT CARD FORM

You may pay your application fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. This page will be destroyed after the transaction has taken place.

Amount Due: _____

Card Type: (please circle one) Visa Mastercard **(required)**

Card Number: _____ **(required)**

Expiration Date: Month: _____ Year _____ **(required)**

Billing Name and Address (your billing address must match the address associated with the credit card you are using.)

Name on Card: _____

Billing Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____