



Appl # \_\_\_\_\_  
For office use only

**STATE OF NEW HAMPSHIRE  
BOARD OF LICENSURE  
FOR ARCHITECTS**

**Application for Licensure as an Architect**

**1. INSTRUCTIONS FOR FILING APPLICATION**

- a. Each applicant for licensure shall completely fill out the application in every detail.
- b. Money Order, Bank Draft or Check in payment of fee must accompany the application, made payable to: Treasurer, State of New Hampshire. **(Non-Refundable)**
- c. The application shall be **typewritten** and submitted to the Board Office.

Enclosed herewith is the application fee, made payable to: **Treasurer, State of N.H.** I hereby apply for licensure as an Architect by the following method:

- \_\_\_\_\_ \$150.00 Application fee - By Written Examination
- \_\_\_\_\_ \$250.00 Application fee - NCARB Certification
- \_\_\_\_\_ \$325.00 Application fee - Direct to State Reciprocity

**2. GENERAL INFORMATION**

Name in Full \_\_\_\_\_

Business Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence Street: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address for Correspondence(check one) \_\_\_\_\_ Residence \_\_\_\_\_ Business

Citizenship: \_\_\_\_\_ Birth \_\_\_\_\_ Naturalized E-Mail Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Place: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**3. EDUCATIONAL BACKGROUND**

PREPARATORY SCHOOLS/ HIGH SCHOOLS	DATES OF ATTENDANCE FROM	GRADES COMPLETED TO
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COLLEGES, UNIVERSITIES, TECHNICAL SCHOOLS	DATES OF ATTENDANCE FROM	DEGREES EARNED TO
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**TRAVEL, CONTINUING EDUCATION, RESEARCH, PUBLICATIONS**

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**4. PROFESSIONAL ORGANIZATION SERVICE**

NAME OF ORGANIZATION	NAME OF SECRETARY	ADDRESS
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**8. PUBLIC AND COMMUNITY SERVICE**

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\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Address all communications to:

N.H. Joint Board  
57 Regional Drive  
Concord, N.H. 03301

*Find us on-line at [www.nh.gov/jtboard/home.htm](http://www.nh.gov/jtboard/home.htm)*

Revised 5/09

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

Dear Sir/Madam:

\_\_\_\_\_ of \_\_\_\_\_  
has applied to this Board for Licensure in the State of New Hampshire as an Architect 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 admit the applicant until replies are obtained from these references a prompt reply will expedite our handling of the applicant's request for licensure.

Sincerely,

Bobbie Carter  
Program Assistant

Re: Application of \_\_\_\_\_ Appl. # \_\_\_\_\_

**THIS IS CONFIDENTIAL INFORMATION - FOR USE OF BOARD MEMBERS ONLY**  
(Please type or print)

1. What is your full name? \_\_\_\_\_
2. What is your present business or profession? \_\_\_\_\_
3. Are you a registered/licensed Architect? \_\_\_\_\_ State? \_\_\_\_\_ No \_\_\_\_\_
4. How long have you known the applicant? \_\_\_\_\_
5. Are you related in anyway with 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 in brief your 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 give 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 design or specifications? \_\_\_\_\_
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 by the State of New Hampshire as an Architect.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_



**A. Design and Construction**

- 1. Programming & Client Contact \_\_\_\_\_
- 2. Site & Environmental Analysis \_\_\_\_\_
- 3. Schematic Design \_\_\_\_\_
- 4. Building Cost Analysis \_\_\_\_\_
- 5. Code Research \_\_\_\_\_
- 6. Design Development \_\_\_\_\_
- 7. Construction Documents \_\_\_\_\_
- 8. Specifications & Materials \_\_\_\_\_
- 9. Document Checking \_\_\_\_\_

**B. Construction Administration**

- 10. Bidding Procedures \_\_\_\_\_
- 11. Construction Office \_\_\_\_\_
- 12. Construction Observation \_\_\_\_\_

**C. Office Management**

- 13. Office Procedures \_\_\_\_\_
- 14. Professional Activities \_\_\_\_\_

If the total above does not add up to 100%, please indicate the experience or exposure which is not included in the items above that you gained in the employment period indicated, and explain how it relates to architectural training.

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Date:

Name of State Board  
Address

Dear Sir/Madam:

\_\_\_\_\_ of \_\_\_\_\_  
has applied for licensure as an Architect in New Hampshire. He/She has indicated  
that your Board has registered him/her. Would you kindly provide the following information:

1. Registration/license # \_\_\_\_\_
2. Date Registered/licensed \_\_\_\_\_
3. Expiration Date \_\_\_\_\_
4. How Registered
  - a. Examination \_\_\_\_\_ Hours \_\_\_\_\_ Date \_\_\_\_\_
  - b. Reciprocity \_\_\_\_\_ From What State \_\_\_\_\_
  - c. Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

**SEAL**

\_\_\_\_\_  
Date

**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. **The items that are bolded are for applicants who are applying through Direct-to-State Reciprocity or have not completed the IDP process through NCARB.**

Have you:

\_\_\_\_\_ Marked the box on the application which fee applies to you?

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

\_\_\_\_\_ 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? – This does not apply to NCARB record holders.

\_\_\_\_\_ **Sent the employment verifications to the employers listed under Section 7?**

\_\_\_\_\_ Signed the application?

\_\_\_\_\_ Included the correct fee with the check made payable to **Treasurer, State of NH?**

\_\_\_\_\_ **Sent the appropriate state board the verification form along with a stamped envelope in Which you have placed a New Hampshire Board address labels on?** – This applies only to Direct-to-State Reciprocity applicants.

\_\_\_\_\_ Had your IDP or NCARB Record transmitted from NCARB to the Board office?

\_\_\_\_\_ Included this Checklist with your application?

\_\_\_\_\_ 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](http://www.state.nh.us/jtboard/forms.htm) COA will not be issued until architect stamp is approved.

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)

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.**