



CALIFORNIA ARCHITECTS BOARD

PUBLIC PROTECTION THROUGH EXAMINATION, LICENSURE, AND REGULATION
2420 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834
MAIN (916) 574-7220 FAX (916) 575-7283
WWW.CAB.CA.GOV
CAB@DCA.CA.GOV

Edmund G. Brown Jr.
GOVERNOR

APPLICATION FOR ELIGIBILITY EVALUATION

For candidates seeking eligibility to take the
National Council of Architectural Registration Boards' (NCARB) Architect Registration Examination (ARE)

Fee: \$100 (non-refundable) check/money order payable to the California Architects Board and mail to the address above.

Last Name:		Suffix:	SSN or ITIN*:	NCARB Record Number:
First Name:		Middle Name:		
Address:				

City:		State/Province:	ZIP/Postal Code:
Country:		Email:	
Home Phone:		Work Phone:	
Birthdate (Month/Day/Year):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Other Known Name(s):	

*Disclosure of your SSN or ITIN is mandatory. Business and Professions Code (BPC) sections 30 and 5550.5 and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your SSN or ITIN. Your SSN or ITIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or ITIN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

General Questions

(A) Have you ever submitted an application or been determined ineligible for the ARE in California? YES NO
If yes, provide date of application:

(B) Have you previously been determined eligible to take the ARE? YES NO
If yes, list the United States (US) or Canadian jurisdiction:

(C) Would you like your information (name and address) shared with other individuals or organizations offering to provide education information regarding the examination? YES NO

(D) BPC section 114.5 requires all boards, bureaus, committees, and commissions within the Department of Consumer Affairs to ask whether an individual is serving in, or has previously served in, the military. Answering the following question is optional:
Have you ever served or are you currently serving in the US military? YES NO

If you answer **YES**, you may qualify for expedited application processing by providing a copy of your DD214 (Certificate of Release or Discharge from Active Duty).

APPLICATION FOR ELIGIBILITY EVALUATION

(E) List the names of all jurisdictions (e.g., states, foreign countries, provinces, territories) from which you have received a license to practice architecture. Please list your primary jurisdiction on the first line. If you need any additional space, please use a separate sheet and attach.

Jurisdiction	License Number	Date Granted (Month/Day/Year)	Expiration Date (Month/Day/Year)	Requirements for Licensure

Discipline/Conviction Questions

(F) Have you ever had a registration denied, suspended, revoked, or otherwise been disciplined by a public agency in any state or country? If **YES**, explain the details on a separate sheet of paper and attach. YES NO

(G) Have you ever been convicted of, or pled guilty or nolo contendere to ANY criminal or civil offense (including every citation, infraction, misdemeanor, and/or felony, including traffic violations) in the US, its territories, or a foreign country? YES NO

You may omit: any traffic infraction for which the fine imposed was \$1,000 or less and any incident that was sealed or disposed of under California Welfare and Institutions Code section 781 and California Penal Code (PEN) sections 1000.3, 1000.5, or 1203.45. **Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code (HSC) sections 11357(b), (c), (d), (e), or section 11360(b) which are two years or older should NOT be reported.**

Convictions that were later dismissed pursuant to California PEN sections 1203.4, 1203.4a, or 1203.41 or equivalent non-California law MUST be disclosed. All other convictions MUST be disclosed. If you have obtained a dismissal of your conviction(s) pursuant to California PEN sections 1203.4, 1203.4a, or 1203.41, please submit a certified copy of the court order dismissing the conviction(s) with your application.

If you answer **YES**, please explain details on a separate sheet of paper and attach. Indicate the date and place of arrest, name of court, court case number, code section violated, brief explanation of the offense, and the sentence imposed; or if applicable, indicate the date and nature of the disciplinary action, name and location of public agency, and the fine or sentence imposed. If convicted under another name, please indicate other name(s).

(H) Exclusive of juvenile court adjudications and criminal charges dismissed under California PEN section 1000.3 or equivalent non-California laws, or convictions two years or older under California HSC sections 11357(b), (c), (d), (e), or section 11360(b), have you had a conviction that was set aside or later expunged from the records of the court? YES NO

(I) Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict? YES NO

Education

(J) Have you received a high school diploma/GED? YES NO

University or College – Name and Location	Course of Study	Units Completed		Diploma or Degree Certificate Obtained	Date Completed
		Semester	Quarter		

Experience

From (M/D/Y):	To (M/D/Y):	Employer Name and Address:	Employer Licensed as: <input type="checkbox"/> Architect <input type="checkbox"/> Contractor <input type="checkbox"/> Engineer <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Other:
Hours Per Week:	Total Worked (Y/M):		
Supervisor's Name:			

APPLICATION FOR ELIGIBILITY EVALUATION

From (M/D/Y):	To (M/D/Y):	Employer Name and Address:	Employer Licensed as: <input type="checkbox"/> Architect <input type="checkbox"/> Contractor <input type="checkbox"/> Engineer <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Other:
Hours Per Week:	Total Worked (Y/M):		
Supervisor's Name:			
From (M/D/Y):	To (M/D/Y):	Employer Name and Address:	Employer Licensed as: <input type="checkbox"/> Architect <input type="checkbox"/> Contractor <input type="checkbox"/> Engineer <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Other:
Hours Per Week:	Total Worked (Y/M):		
Supervisor's Name:			
From (M/D/Y):	To (M/D/Y):	Employer Name and Address:	Employer Licensed as: <input type="checkbox"/> Architect <input type="checkbox"/> Contractor <input type="checkbox"/> Engineer <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Other:
Hours Per Week:	Total Worked (Y/M):		
Supervisor's Name:			
From (M/D/Y):	To (M/D/Y):	Employer Name and Address:	Employer Licensed as: <input type="checkbox"/> Architect <input type="checkbox"/> Contractor <input type="checkbox"/> Engineer <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Other:
Hours Per Week:	Total Worked (Y/M):		
Supervisor's Name:			
From (M/D/Y):	To (M/D/Y):	Employer Name and Address:	Employer Licensed as: <input type="checkbox"/> Architect <input type="checkbox"/> Contractor <input type="checkbox"/> Engineer <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Other:
Hours Per Week:	Total Worked (Y/M):		
Supervisor's Name:			

Reasonable Accommodations

If you are requesting reasonable accommodations pursuant to the Americans with Disabilities Act, please call or visit the Board's website, download, print, and submit a completed Reasonable Accommodation Request for Architect Registration Examination (ARE) form.

<p>PRIOR TO SIGNING THIS APPLICATION, REVIEW ALL INFORMATION. The Board requires an original signature.</p> <p>I declare under penalty of perjury under the laws of the State of California that all of my representations on this Application for Eligibility Evaluation (including attachments) are true, correct, and contain no material omissions of fact to the best of my knowledge and belief.</p>	<p>FOR BOARD USE ONLY</p> <p>RECEIPT NO.: _____</p> <p>FEE PAID: _____</p> <p>DATE: _____</p> <p>ID NO.: _____</p> <p>LICENSE NO.: _____</p> <p>ISSUE DATE: _____</p>
<p>_____ Signature</p>	<p>_____ Date</p>