



CALIFORNIA ARCHITECTS BOARD

PUBLIC PROTECTION THROUGH EXAMINATION, LICENSURE, AND REGULATION
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CAB@DCA.CA.GOV

Edmund G. Brown Jr.
GOVERNOR

APPLICATION FOR RELICENSURE

Fee: \$100 (Check or money order) **non-refundable**

Review the Relicensure Requirements at cab.ca.gov and Complete all Information Prior to Submission.

The information requested on this application is required under Business and Professions Code sections 5526, 5550, 5551, and 5552. All items are mandatory, unless otherwise noted. The information provided will be used to determine qualifications for licensure.

Last Name:		Suffix:	SSN or ITIN*:	NCARB Record Number:
First Name:		Middle Name:	Former Architect License Number: C-	
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 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) Do you have a current and valid NCARB certification? YES NO
- (B) Would you like your information (name and address) shared with other individuals or organizations offering to provide education information regarding the examination? YES NO
- (C) Have you ever served or are you currently serving in the U.S. military? YES NO
If you previously served and were honorably discharged, you may qualify for expedited application processing by attaching a copy of your DD214 (Certificate of Release or Discharge from Active Duty) to this application.
- (D) Are you a spouse / domestic partner of an active duty military member of the U.S. Armed Forces who is assigned to a duty station in California under official active duty military orders? YES NO
Individuals married to, or in a domestic partnership (or other legal union) with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official "active duty" military orders will receive expedited license processing. Individuals eligible for this option must **attach to this application** proof of marriage or domestic partnership (or other legal union) and hold a current architect license in another state, district, or territory of the U.S.

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(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 base jurisdiction on the first line. If you need any additional space, please use a separate sheet and attach.

Jurisdiction	License Number	Date Granted	Expiration Date	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 in the United States, its territories, or a foreign country? This includes every citation, infraction, misdemeanor, and/or felony, including any traffic violation. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code 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 sections 1203.4, 1203.4a, or 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed. YES NO

(H) Exclusive of juvenile court adjudications and criminal charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws or convictions two years or older under California Health and Safety Code 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:			
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:			

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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 California Supplemental Examination (CSE) form.

<p>PRIOR TO SIGNING THIS APPLICATION, REVIEW ALL INFORMATION. I declare under penalty of perjury under the laws of the State of California that all of my representations on this Application for Relicensure (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> RECEIPT NO.: _____ FEE PAID: _____ DATE: _____ ID NO.: _____ LICENSE NO.: _____ ISSUE DATE: _____
_____ Signature	_____ Date