



APPLICATION FOR RETIRED LICENSE

Fee: \$150 (nonrefundable). Complete this form and return it by mail to the above address along with a check or money order made payable to the California Architects Board for the application processing fee.

Official Board Use Only

Receipt Number	Fee Paid
Date Paid	License Expiration Date

PERSONAL INFORMATION

SSN/ITIN	License Number
First Name	Middle Name
Last Name	Suffix
Birthdate (MM/YYYY)	

CONTACT INFORMATION

Address of Record (AOR)	
City	State/Province
Country	ZIP/Postal Code
Daytime Phone	Evening Phone
Email	

SOCIAL SECURITY NUMBER DISCLOSURE

Disclosure of your Social Security Number (SSN) or Individual Taxpayer Identification Number (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.

WALL CERTIFICATE

Please indicate how you would like your name printed on your retired architect license wall certificate. You may only use your legal name or initials. Nicknames are not permitted.

First Name	Middle Name
Last Name	Suffix

DISCLOSURE OF PERSONAL INFORMATION

We make every effort to protect the personal information you provide us. The information you provide may be disclosed in the following circumstances:

- In response to a Public Records Act request as allowed by the Information Practices Act;
- To another government agency as required by State or Federal law; or,
- In response to a court or administrative order, a subpoena, or a search warrant.

REVIEW ALL INFORMATION PRIOR TO SIGNING THIS APPLICATION.

I certify that I am not engaged in any activity for which possession of an active and current architect license is required.

I declare under penalty of perjury under the laws of the State of California that the information on this Application for Retired License are true, correct, and contain no material omissions of fact to the best of my knowledge and belief.

Signature

Date