

## CALIFORNIA ARCHITECTS BOARD

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

## MILITARY EXPEDITE REQUEST FORM

Attach this form to top of your application with the required documentation and mail to the address above.

Business and Professions Code (BPC) section 115.4 requires the Board expedite the processing of an application upon receipt of satisfactory evidence from a candidate who was honorably discharged by a branch of the United States (US) Armed Forces.

BPC section 115.5 requires the Board expedite the processing of an application upon receiving satisfactory evidence a candidate is

married to, or in a domestic partnership or other legal union duty station in California under official active duty military of		duty member of the US Arr	med Forces who is assigned to a	
Last Name:	Suffix:	NCARB Record No.:	CAB ID No.:	
First Name:	Middle	Middle Name:		
<b>Expedited Processing</b>				
Please select the applicable method below and submit the co	orresponding re-	quired documentation. You	may only select one method.	
$\ \square$ Honorably Discharged Former Active Duty	Member of	the US Armed Forces	S	
Submit <b>one</b> of the following:				
• A copy of your DD-214 (Certificate of Release or I	Discharge from	Active Duty) or		
<ul> <li>An <u>equivalent of the DD-214</u> from any branch (e.g. of the US Armed Forces.</li> </ul>	., US Air Force	, US Army, US Coast Guard	d, US Navy, and US Marines)	
☐ Spouse / Domestic Partner of an Active Duty	y Member A	Assigned to a Duty Sta	ition in California	
Submit the documentation listed below:				
Legal documentation of marriage or domestic partn	nership (or othe	r legal union);		
A copy of the "Active Duty" military orders from your	our spouse whe	o is assigned to a duty static	on in California; <b>and</b>	
Certified verification of your current architect licen	ise/registration	in another state, district, or	territory of the US.	
PRIOR TO SIGNING THIS FORM, REVIEW ALL IN	VFORMATIO!	N.		
Original signature required.				
I certify and declare under penalty of perjury under the law	ws of the State	of California that all of my	representations on this form	

Date

are true, correct, and contain no material omissions of fact to the best of my knowledge and belief.

Signature