



Architect's Business Entity Report Form

Business and Professions Code (BPC) Section 5558 of the Architects Practice Act requires every person holding an architect license to file with the California Architects Board (CAB) the name and address of the business entity (individual, firm, corporation, or limited liability partnership) through which he or she provides architectural services. **CAB must be notified immediately of any and all changes in your Business Entity Report by submitting a new report.** Please print your responses and mail this report form to CAB at 2420 Del Paso Road, Suite 105, Sacramento, CA 95834.

INDIVIDUAL'S NAME AS LICENSED (PLEASE PRINT)

LICENSE NUMBER

C -

- I do not currently provide architectural services, but I am aware that when I do I am required to provide a Business Entity Report to CAB immediately upon change in status.
- I provide architectural services through the following business entity (Multiple entities: If you provide architectural services through more than one entity, please copy this form and provide the name and address of each separate entity):
- I **no longer** provide architectural services through the following business entity, and wish to disassociate from it (Multiple entities: If you wish to disassociate from more than one entity, please copy this form and provide the name and address of each separate entity):

Business Entity Name and Address

NAME OF BUSINESS ENTITY (INDIVIDUAL, FIRM, CORPORATION, OR LIMITED LIABILITY PARTNERSHIP)

Note: Name and address of the business entity should be the exact business name and address through which services are offered and provided.

STREET ADDRESS OF BUSINESS ENTITY

CITY

STATE

ZIP CODE

DATE OF INITIAL LICENSED AFFILIATION WITH THIS BUSINESS ENTITY

DATE OF DISASSOCIATION FROM THIS BUSINESS ENTITY, IF APPLICABLE

AREA CODE TELEPHONE NUMBER

PRIOR TO SIGNING THIS FORM, REVIEW ALL INFORMATION.

Original signature required. I certify and declare under penalty of perjury under the laws of the State of California that all of my representations on this form are true, correct, and contain no material omissions of fact to the best of my knowledge and belief.

SIGNATURE

DATE OF SIGNATURE

Remember to keep your Address of Record current. If you have recently moved or wish to change your Address of Record, contact CAB for a Change of Address form at (916) 574-7220 or on the Web site www.cab.ca.gov.