



CALIFORNIA ARCHITECT RECIPROCITY APPLICATION

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

Failure to meet requirements and/or complete application may cause rejection of application and/or delay of processing.

Fee: \$35 (non-refundable) check or money order made 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 of Record:			

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/Military Questions

- (A) Have you ever applied for registration in California? YES NO
- (B) Do you have a current and valid NCARB certification? YES NO
- (C) Have you completed the NCARB's Architectural Experience Program (AXP) (formerly known as IDP)? YES NO
- (D) Have you completed the CACB's Canadian Internship Architect Program (IAP)? YES NO
- (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

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- (F) 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 U.S. 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).

- (G) 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.

Discipline/Conviction Questions

- (H) 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
- (I) 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 United States, 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).

- (J) 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
- (K) 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

- (L) 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:
Hours Per Week:	Total Worked (Y/M):		<input type="checkbox"/> Architect
Supervisor's Name:			<input type="checkbox"/> Contractor
			<input type="checkbox"/> Engineer
			<input type="checkbox"/> Landscape Architect
			<input type="checkbox"/> Other:

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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 California Supplemental Examination (CSE) form.

<p>PRIOR TO SIGNING THIS APPLICATION, REVIEW ALL INFORMATION.</p> <p>Original signature required.</p> <p>I declare under penalty of perjury under the laws of the State of California that all of my representations on this California Architect Reciprocity Application (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>