

IDAHO BOARD OF ARCHITECTURAL EXAMINERS
Idaho Bureau of Occupational Licenses
700 West State Street, Boise ID 83702 or
P.O. Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Fax: (208) 334-3945
Website: www.ibol.idaho.gov E-mail: arc@ibol.idaho.gov

APPLICATION FOR ARCHITECT LICENSURE BY ENDORSEMENT

APPLICATION INSTRUCTIONS

Please complete this application by providing all of the requested information. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. Your signature must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted above. To be considered by the Board, properly completed applications must be received at least thirty (30) days prior to the first day of the month in which the Board will meet.

Please read all questions carefully. All requested information and fees must be provided. Failure to provide a complete application may result in a delay in processing. Checks should be made payable to IBOL. All returned checks are subject to a \$20.00 fee.

ENDORSEMENT LICENSURE FEE \$50.00

There are two methods for licensure by endorsement:

- 1. NCARB: Application shall be accompanied by a current blue cover dossier compiled by the NCARB certifying that the applicant has satisfactorily passed the standard NCARB examinations, or NCARB authorized equivalent and shall include letters, transcripts, and other documents substantiating all statements relative to education and experience made in said application as required by the Board. (3-29-17)**
- 2. Equivalency: Applicants shall provide proof of holding a current and valid license issued by another state and proof of satisfactorily passing the Architectural Registration Examinations (ARE) or equivalent examination, as determined by the Board.**

Checklist for Applicants

- Applicable Fees
- NCARB record or certificate sent directly from NCARB to the Idaho Board
- OR
- Verification of a current Architect license sent directly from the issuing entity including verification of passing all divisions of the ARE or an acceptable alternate exam
- Application Signed and Notarized

All applicants must review the Idaho laws and rules prior to licensure. Please note that according to Section Idaho Code § 54-302A, you must be licensed to practice.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application, the waiver of application and renewal fees and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9301-9307](#) and [Idaho Code § 67-2602A](#).

Note: The applicant's signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language "subscribed and sworn" must appear before the applicant's signature. An "acknowledgement" where the notary only verifies the identity of the applicant is not acceptable.

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(see instructions)

I hereby submit my qualifications and make application for an Architect license in the State of Idaho under the provisions of Title 54, Chapter 3, Idaho Code as amended and provide the following:

1. **Full Name** (Mr., Mrs., or Ms.) _____

2. **Address of Record** _____
(The above address is a public record.)

Street	City	State	Zip
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3. **Mailing Address** _____
(Will be used as address of record if none provided above.)

Street/PO Box	City	State	Zip
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4. **Date of Birth** ____/____/____ **Place of Birth** _____
mm dd yyyy

5. **Social Security No.** ____/____/____ **E-mail** _____
*Not a public record; collected by I.C. § 73-122

6. **Business Phone** (____) _____ **Other Phone** (____) _____
(The above phone number is a public record.) (The above phone number is NOT a public record.)

7. **Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?** () Yes () No
(To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.)

8. **Are you currently licensed in any other state(s)?** () Yes () No
(If no, please fill out the examination application.)

9. **List all the states you have held an architect license in (including Idaho), even if the license is expired:**
(The Board must receive certification of licensure(s) directly from each issuing authority.)

Use a separate page if necessary.

10. **Do you hold a National Council (NCARB) certificate?** () Yes () No
(If you are applying with an NCARB record or certification, the record must be received before your application will be processed and you may skip to number 11 below. .)

11. **Have you taken and passed the ARE examination?** () Yes () No
(If Yes, the score must be received directly from NCARB or be shown on the certification/verification of license provided by the state in which you resided).

**If you have not passed the ARE, have you passed any other examination? () Yes () No

Name of other examination: _____
Scores must be received directly from issuing entity.

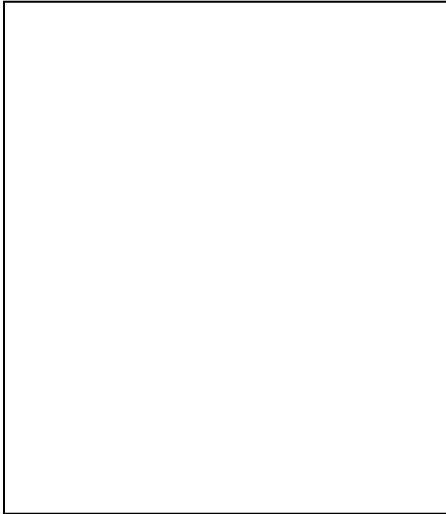
12. **Have you ever had a license, certification, or registration for any profession revoked, suspended or otherwise sanctioned?** () Yes () No
(If yes, a copy of the charges and the final order must be received before your application will be processed.)

13. **Have you ever been convicted of any State or Federal felony or misdemeanor?** () Yes () No
(If yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)

14. Have you solicited work or practiced architecture or represented yourself as an architect in this state prior to this application? () Yes () No
(If Yes, please attach a supplemental explanation.)

ATTACH THE FOLLOWING

PHOTOGRAPH: A 2" X 3" photograph of yourself, taken within 1 year of this application must be attached below.



ATTACH PHOTOGRAPH HERE

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Signature of Applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 ____.

(seal)

Notary Public Official Signature
My Commission Expires _____