

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 EXAMINATION

APPLICATION INSTRUCTIONS

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

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.

EXAMINATION APPLICATION FEE \$ 25.00
ADDITIONAL EXAMINATION FEES MAY BE REQUIRED BY NCARB

Checklist for Applicants Who Graduated from a NAAB Accredited Program

- Applicable Fees
- Transcripts sent directly from your school
- Proof of starting or completing the AXP
- Application Signed and Notarized

Checklist for Applicants Who DID NOT Graduate from a NAAB Accredited Program

- Applicable Fees
- Verification of 8 years of experience
- Proof of starting or completing the AXP
- Application Signed and Notarized

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

ATTENTION MILITARY SERVICE MEMBERS AND VETERANS

Please see <https://legislature.idaho.gov/statutesrules/idstat/Title67/T67CH26/SECT67-2620/>

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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 _____