

**IDAHO BOARD OF ARCHITECTURAL EXAMINERS  
BUREAU OF OCCUPATIONAL LICENSES  
700 West State Street, P.O. Box 83720  
Boise, Idaho 83720-0063  
PHONE (208) 334-3233 FAX (208) 334-3945  
E-mail – [arc@ibol.idaho.gov](mailto:arc@ibol.idaho.gov) Web site – [www.ibol.idaho.gov](http://www.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. 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 will be delayed and may not be reviewed by the Board.

**NOTE: ANY PRACTICE OR SOLICITATION OF ARCHITECTURE IN IDAHO PRIOR TO OBTAINING A VALID LICENSE IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF LICENSURE. (54-305. & 54-310., I.C.)**

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 fee.

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



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**AFFIDAVIT**

I hereby certify under oath that the responses provided above and those attached to this application are true and accurate to the best of my knowledge and belief. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing the practice of Architecture, and the National Council of Architectural Registration Boards' Rules of Conduct as adopted by the Idaho Board. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or it's authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license for which I am applying. I also hereby authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested by about me that may otherwise be otherwise protected or confidential that may have bearing on my eligibility for or maintenance of any license issued subsequent to this application.

\_\_\_\_\_  
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 \_\_\_\_\_