

IDAHO STATE BOARD OF ARCHITECTURAL EXAMINERS
Bureau of Occupational Licenses
700 West State Street, P.O. Box 83720
Boise, ID 83720-0063
(208) 334-3233

TEMPORARY PERMIT APPLICATION

Please submit the fee of \$50.00 along with the application.

A firm may not be involved with the use of a permit issued subject to this application unless it meets the requirements of Section 54-316, Idaho Code, as set forth in the enclosed information. I hereby apply to the Idaho State Board of Architectural Examiners for a Temporary Permit, as provided for in Section 54-302A (2), Idaho Code, for the purpose of offering to render architectural services and for that purpose only..

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

2. **Mailing Address** _____
(This address is a public record) Street/PO Box City State Zip

3. **Date of Birth** _____ **Place of Birth** _____ **Social Security No.** _____
mm-dd-yyyy (city & state (& country if other than US))

4. **License No.** _____ **Expiration date** _____ **State** _____ **NCARB Cert. No.** _____
mm-dd-yyyy (your NCARB record must be received before your application will be processed)

5. **Firm Name** _____

6. **Business Address** _____
Street/PO Box City State Zip

7. **Business Phone No.** _____ **Other** _____ **e-mail** _____
(The above phone number is public record) (The above phone number & e-mail is NOT public record)

8. **Have you ever had a license or right to practice 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.) 54-305. I.C.

9. **Have you ever been convicted of any State or Federal felony?** 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.) 54-305. I.C.

10. **Have you solicited or practiced architecture or been self-represented as an architect in this state prior to this application?** (If Yes, please attach a supplemental explanation.) 54-310, I.C. Yes No

AFFIDAVIT

I hereby swear or affirm that all information contained herein is true and correct to the best of my knowledge, and I understand that licensure in Idaho must be obtained prior to any architectural services being performed beyond that of offering to render architectural services as authorized under this permit.

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, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the permit for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

Signature of applicant

Subscribed and sworn to before me this _____ day of _____, 20 _____

S E A L

Notary Public official signature
My commission expires _____