

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

TEMPORARY PERMIT APPLICATION

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

A firm may not be involved with the use of a permit issued subject to this application unless it meets the requirements of Idaho Code § 54-316, 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 Idaho Code § 54-302A(2), for the purpose of offering to render architectural services and for that purpose only. *Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122.

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** _____
mm dd yyyy (city & state) (also country if other than US)

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

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

6. **License No.** _____ **Expiration Date** ____/____/____ **State** _____ **NCARB Cert. No.** _____
mm dd yyyy (NCARB record must be received before application will be processed)

7. **Firm Name** _____

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

9. **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.) Idaho Code § 54-305

10. **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.) Idaho Code § 54-305

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

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 to before me this _____ day of _____, 20 _____

(seal)

Notary Public Official Signature
My Commission Expires _____