STATE OF CONNECTICUT

DEPARTMENT OF CONSUMER PROTECTION

OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION Architectural Licensing Board

<u>Telephone</u>: (860) 713-6135 <u>Website</u>: <u>www.ct.gov/dcp</u>

Email: dcp.occupationalprofessional@ct.gov



	For Official Use Only	
Ĺ		j

APPLY ONLINE

For your convenience, we allow credit card payments.

Start yours at: www.ct.gov/dcp/apply

APPLICATION FOR ARCHITECT'S LICENSE

INSTRUCTIONS:

All spaces must be completed - please print in ink or type and have application notarized. When filing this application, it <u>must be accompanied by a check or money order for the appropriate fee. Fees are noted in the Instructions document and listed below.</u> Make checks payable to: "Treasurer, State of Connecticut". Applications and accompanying fees that are sent directly to the Connecticut Board should be mailed to *Dept. of Consumer Protection, License Services, 450 Columbus Blvd, Ste 801, Hartford, CT 06103*

Application fees are non-refundable.Application fees for license:By Written Examination:\$72.00By Waiver of Examination:\$100.00

PRIMARY EMAIL ADDRESS

Please list the primary email address to be used for <u>all communication</u> regarding this document, such as approval, rejection, and renewal notification:

Personal Information

Applicant's name:						
Residence address (Street, City, State & Zip)						
Business name:			Business telephone (w/ Area Code)			
Business address (Street, City, State & Zip)						
Check preferred address for mailing: Business [] Residence [] Residence telephone			telephone (w/ Area Code)			
Date of birth:	Social security	number**:				
Have you been convicted of a felony crime? Yes [] No [] If yes, please attached a notarized statement indicating the type(s) of crime(s) for which you were convicted, the date(s) and court(s) where the convictions occurred and a description of the circumstances.						
Have you ever been previously licensed as an architect in Connecticut? Yes []* No [] If Yes: License Number *If you have been previously licensed in Connecticut, contact Board Administrator at 860-713-6135 for further instruction.						

^{**} The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to C.G.S. §17b-137a. If you choose not to disclose your Social Security Number your application can not be processed.

Method Of licensure

I herby apply for licensure as an architect by the following method: (Please check the appropriate box below)				
[] By Written Examination	Must: hold NAAB accredited degree; have satisfied NCARB's education requirements; satisfied NCARB Intern Development Program training requirements; OR apply to the Licensure Board for determination – see Application Instructions			
[] By Waiver of Examination with NCARB Certificate Record	NCARB file number: State of original licensure as an architect: license number:			
[] By Waiver of Examination - Direct Endorsement	Has the applicant been licensed as an architect for at least 10 years? Yes [] No []			

PERSONAL AFFIDAVIT

The undersigned being duly sworn, upon his oath deposes and says that all information contained in this application to the best of his/her knowledge and belief are true and made in good faith.

Signature of Applicant	Signature - Notary Public
Date	Date