



APPLICATION FOR ARCHITECT REGISTRATION

State Form 1576 (R12 / 8-16)

Approved by State Board of Accounts, 2016

**STATE BOARD OF REGISTRATION FOR ARCHITECTS
AND LANDSCAPE ARCHITECTS
PROFESSIONAL LICENSING AGENCY**
 402 W. Washington Street, Room W072
 Indianapolis, IN 46204
 Telephone: (317) 234-3022
 E-mail: pla10@pla.IN.gov
 Web: www.pla.IN.gov

- INSTRUCTIONS:**
1. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements; refer to <http://www.in.gov/pla/2671.htm> for the fees in accordance with 804 IAC 1.1-3-1.1.
 2. All fees are non-refundable and non-transferable.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

APPLICATION FEE	
DATE FEE PAID (month, day, year)	
RECEIPT NUMBER	
LICENSE NUMBER	
DATE ISSUED (month, day, year)	

APPLICANT

Attach one (1) passport type quality photograph of yourself taken within the last eight (8) weeks.

DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION			
Name of applicant (last, first, middle, maiden)		Social Security number*	
Address (number and street or rural route, city, state, and ZIP code)			
Date of birth (month, day, year)	Place of birth (city and state or country)		
Telephone number (daytime) ()	E-mail address		
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an active duty member of the military? (Optional)
			<input type="checkbox"/> Yes <input type="checkbox"/> No

FIRM / BUSINESS INFORMATION	
Name of firm	
Address (number and street or rural route, city, state, and ZIP code)	
Telephone number (daytime) ()	E-mail address

MAKING APPLICATION BY:		
<input type="checkbox"/> Reciprocity with NCARB	NCARB certificate number	State of registration
<input type="checkbox"/> Reciprocity without NCARB		
<input type="checkbox"/> Initial application	Date when exam was taken (month, day, year)	State where exam was taken

EDUCATIONAL BACKGROUND			
NAME OF SCHOOL	LOCATION OF SCHOOL	DATES ATTENDED (month, day, year)	DEGREE EARNED

LIST ALL STATES IN WHICH YOU HAVE BEEN LICENSED

STATE	TYPE OF LICENSE, REGISTRATION OR PERMIT	NUMBER	DATE ISSUED (month, day, year)	CURRENT STATUS

Do you hold, or have you ever held, a license, certificate, registration or permit to practice architecture or landscape architecture in Indiana?

Yes No (If yes, please answer below.)

Indiana license number

Date license issued (month, day, year)

LIST ALL PLACES YOU HAVE LIVED SINCE GRADUATION FROM COLLEGE

GENERAL LOCATION	DATES

PRACTICAL EXPERIENCE

LIST ALL PLACES WHERE YOU HAVE BEEN EMPLOYED TO PRACTICE ARCHITECTURE

EMPLOYER Full name and complete current address of employer (begin with most recent, include military and other)	DATES OF EMPLOYMENT (month, year)	TOTAL TIME EMPLOYED		DATES OF EMPLOYMENT
		PART TIME	FULL TIME	

REFERENCES

NAME THREE (3) REFERENCES WHO ARE PERSONALLY ACQUAINTED WITH YOUR PROFESSIONAL ABILITIES. GIVE COMPLETE ADDRESSES.

Name
Address (number and street, city, state, and ZIP code)
Name
Address (number and street, city, state, and ZIP code)
Name
Address (number and street, city, state, and ZIP code)

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Have you ever previously filed an application in the State of Indiana?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has disciplinary action ever been taken regarding any license, certificate, registration or permit that you hold or have held?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been denied a license, certificate, registration or permit in any state (including Indiana) or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. <i>Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,</i> (1) have you ever been arrested;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) have you ever been convicted of any offense, misdemeanor, or felony in any state;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have any condition or impairment (including a history of alcohol or substance abuse) that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant	Date signed (month, day, year)
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AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Indiana Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency or any of its authorized representatives in connection with processing my application.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm, that I have read the above statements and agree to same.

Signature of applicant	Date signed (month, day, year)
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