



# APPLICATION FOR ARCHITECT REGISTRATION

State Form 1576 (R13 / 9-17)

Approved by State Board of Accounts, 2017

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](mailto:pla10@pla.IN.gov)

Web: [www.pla.IN.gov](http://www.pla.IN.gov)

- INSTRUCTIONS:**
1. Please refer to the instructions on our website, [www.pla.in.gov](http://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. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
  3. 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.

\*\* This information is being requested for workforce statistical purposes only; disclosure is voluntary.

<b>APPLICATION FEE</b>	
<b>DATE FEE PAID (month, day, year)</b>	
<b>RECEIPT NUMBER</b>	
<b>LICENSE NUMBER</b>	
<b>DATE ISSUED (month, day, year)</b>	

**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 ( <i>last, first, middle</i> )		Social Security number *	
Date of birth ( <i>month, day, year</i> )	Place of birth ( <i>city and state or country</i> )	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address of applicant ( <i>number and street or rural route</i> )		City, state, and ZIP code	County
Telephone number ( <i>daytime</i> ) (     )	E-mail address		
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: ( <i>Please select one of the following.</i> ) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641).			
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? ( <i>Optional</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an active duty member of the military? ( <i>Optional</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No	

### FIRM / BUSINESS INFORMATION

Name of firm	
Address ( <i>number and street or rural route, city, state, and ZIP code</i> )	
Telephone number ( <i>daytime</i> ) (     )	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 ( <i>month, day, year</i> )	State where exam was taken

### EDUCATIONAL BACKGROUND

NAME OF SCHOOL	LOCATION OF SCHOOL	DATES ATTENDED ( <i>month, day, year</i> )	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 (month, day, year)

**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 (month, day, year)
		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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