

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

Architect

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Phone: _____ Email: _____

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

Driver License

or State ID Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: _____ Date: _____

QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently under investigation or is any disciplinary action pending against you now by any <i>local, state or federal licensing, enforcement or regulatory agency</i> ?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been declared by any court to be incompetent by reason of mental defect or disease and not restored?
5. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
6. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug or alcohol use or abuse within the past five (5) years?
7. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently using or have you recently (<i>within 90 days</i>) used any drugs (<i>including recreational drugs</i>) without a valid prescription, the possession or distribution of which is unlawful under applicable state or federal laws?
8. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever unlawfully used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
9. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently have any criminal action pending?*
10. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? *
11. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?*
12. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been incarcerated for any reason in any correctional facility (<i>domestic or foreign</i>) in any jurisdiction or on probation/parole in any jurisdiction?*

***NOTE: Charges that were later dismissed and motor vehicle offenses such as driving while impaired or intoxicated must be disclosed; however, minor traffic offenses such as parking or speeding violations need not be listed.**

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

If you answered "Yes" to Questions 9,10,11 or 12 you must submit the following for **EACH** and **EVERY** incident:

- personal account of the incident(s)
- police report(s)
- court record(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

PROFESSIONAL LICENSES

List all other licenses, registrations or certifications issued by any state which you now hold or have ever held in any profession. (Use additional sheets if necessary.)

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

EDUCATION AND EXAM REQUIREMENTS

Select one:

- I have a current NCARB Council Record.

Date Requested: _____

- I have completed an architectural education program accredited by NAAB of CACB
Submit official transcripts documenting your degree. Transcripts are considered "official" when they are sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap.
- I have completed an architectural education program in a foreign country.
Submit your EESA "Comprehensive Evaluation".
- I have been licensed as an architect and practiced as a principal for 5 of the last 7 years in another state in lieu of having met the education requirements for licensure.
Submit documentation of completing the required hours using the "Verification of Architectural Experience as a Principal Form" and official verification of licensure.

If you did not select NCARB Council Record above, please select one:

- I passed the ARE in Utah.
- I passed the ARE in a state other than Utah and have requested a verification of my score.

Date Requested: _____

Verification of Architectural Experience as a Principal

Use this form to verify licensed practice as a principal architect for 5 of the last 7 years in another state in lieu of having met the education requirements for licensure. If you have an NCARB Council Record, completed an education program accredited by NAAB or CACB, or have completed a Comprehensive Evaluation from EESA, you do not need to complete this form.

APPLICANT INFORMATION

To Be Completed By The Applicant:

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

License Number (if applicable): _____ State of Issue: _____

Dates of Employment as a Principal: _____ to _____
MM/DD/YYYY MM/DD/YYYY

Approximate Number of Hours Worked Per Week: _____ Total Hours Worked: _____

I certify that during the dates and hours listed above, I practiced within the legal scope of a licensed architect and have acted as a principal.

Signature of Applicant: _____ Date: _____

EMPLOYER INFORMATION

To Be Completed By The Supervising Architect or Other Qualified Licensee:

Please review the information above, complete the sections below, sign and seal the document and mail it directly to DOPL or place the completed form in a **sealed envelope** and provide it to the applicant to include in their application to Utah.

Is the information provided above by the applicant correct? Yes No, please attach an explanation.

Name: _____

Title: _____ Date: _____

Phone: _____ Email: _____

License Number: _____

State of Issue: _____

(Seal and Signature)

APPLICATION CHECKLIST AND INSTRUCTION

This checklist is for your convenience, you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

ALL APPLICANTS

All applicants are required to submit following items to complete the application:

- \$120.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire".

APPLICANTS WITH A CURRENT NCARB COUNCIL RECORD

If you are applying with a **current NCARB Council Record**, *in addition* to the items required for all applicants, you must:

- Request that NCARB submit your current Council Record to Utah. To obtain an NCARB Council Record contact NCARB by calling (202) 879-0520 or visit their website at www.ncarb.org.

APPLICANTS WITHOUT AN NCARB COUNCIL RECORD

If you are applying for a Utah license **without a council record**, *in addition* to the items required for all applicants you must:

- Provide verification of meeting licensure education requirements through one of the methods below:
 - Accredited Graduation: If you completed an NAAB or CACB accredited program, have official transcripts sent directly from the school to DOPL.
 - Foreign Education: If you completed an architectural education program in a foreign country, you must contact EESA for a "Comprehensive Evaluation" and have it sent directly to DOPL. EESA can be reached by calling (202) 783-2007 or visit their website at www.naab.org.
 - Licensed Practice as a Principal: If you have been licensed as an architect and practiced as a principal for 5 of the last 7 years in another state, submit the "Verification of Architectural Experience as a Principal" form located in this application. You must also have the state(s) you are verifying experience from submit verification of your license to Utah. Please contact the state you are licensed in on how to request verification.
- Provide verification of meeting licensure exam requirements through one of the methods below:
 - Passed all divisions of the ARE in Utah.
 - Passed all division of the ARE in a state other than Utah and request the state send verification of your scores to Utah.
- Provide one of the items below:
 - Verification of licensure in another state.
 - Verification of completing AXP (Formally IDP).

Submit the above items with your completed application to:

In Person or Via Express Delivery:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741