



# The State of North Carolina

The North Carolina Board of Architecture  
127 W. Hargett Street Suite 304  
Raleigh, NC 27601  
919.733.9544

ncba@ncbarch.org www.ncbarch.org

## Application for Candidate Record Review Application Fee: \$50.00 (check or money order)

### Information and Instructions - Read This:

- Only complete this application if NCBA has received your completed AXP from NCARB.
- Prior to submitting this application you must read the Board rules and laws governing the practice of architecture in North Carolina, they are found at [www.ncbarch.org](http://www.ncbarch.org) in the rules and laws section.
- Fill out the application and submit it along with the fee to the address above.
- You are required to notify the Board of all contact information changes, including NAME changes due to marriage or divorce. Be sure that the name on file with NCARB matches this application.
- **ALL correspondence from NCBA will be via email.**

Name (as preferred). Please print legibly:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle (initial or name) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Application: \_\_\_\_\_

*As indicated above, all correspondence from NCBA will be sent via email. Please print your email address clearly. Failure to include an email address will result in delay of application processing.*

**Email Address:** \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Firm/Business Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Preferred Mailing Address : Home or Work (circle and provide only one)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NCARB File Number:

\_\_\_\_\_

Citizenship (circle one): Birth Naturalized

Other \_\_\_\_\_

Date of Birth:

Place of Birth:

\_\_\_\_\_

The State of North Carolina

Name:

**Educational Background**

Preparatory Schools/ High Schools	City, State and Dates of Attendance	Grades Completed

Colleges, Universities, Technical Schools	City, State and Dates of Attendance	Grades Completed

Travel	Continuing Education	Research/Publications

**Professional Organizations/Public Service**

Name of Organization and Address

**Public and Community Service**


**Architect References**

Name three architects who are personally acquainted with your professional abilities.

Name and State of Registration	Address	Telephone Number

Name :

**Practical Experience**

Full Name and Address of Employer (Begin with first, include military experience)	Dates of Employment from (Month Day, Year) to (Month Day, Year)	Total Time Employed (years/months) Specify part time or full time. State aver-	Check Appropriate Experiences		
			Arch	Eng	Other—explain

**Affidavit**

\_\_\_\_ (initials) I hereby certify that I have read the laws and rules governing the practice of architecture in North Carolina and that I will not willfully violate the statute or any rules or standard of conduct published by the North Carolina Board of Architecture.

\_\_\_\_ (initials) I further certify that I have never been convicted of any felony and have never been the subject of disciplinary action in college or by another state architecture board except as explained below or on a document attached to this form.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ (initials) I certify that I have authorized NCARB to transmit my completed AXP to North Carolina demonstrating compliance with all Board Rules and Laws.

The undersigned, deposes and says that he/she is the person making the forgoing statements and that they are in good faith and are true in every respect. I understand that providing false information on an application for registration may subject me to discipline by the Board, including denial of registration.

Signature of Applicant

Date