



# 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 Reinstatement of License

Fee: \$250.00

### Information and Instructions to all Individuals Applying for Reinstatement of License

- Complete and return form to the North Carolina Board of Architecture with the application fee of **\$250.00**.
- The applicant is required to show proof of current licensure in at least one state. You may attach a wallet card or equivalent document demonstrating current licensure to the application.
- The applicant must certify on the application that he/she has earned all necessary continuing education hours as outlined in 21 NCAC 02.0907. The Board's policy on reinstatement is found in 21 NCAC 02 .213(b). Rules and laws are available on the Board's website at www.ncbarch.org.
- You are required to notify the Board of all contact information changes. ***All correspondence from NCBA will be via email.***
- After the Board office receives all of the necessary documentation, the application will be reviewed and placed upon the agenda of the Applications Committee for approval of reinstatement. After approval of the reinstatement, notification will be sent to your email address on the application.
- **If your NC license was issued based on your NCARB certification , it must be active to be considered for reinstatement. You do not have to resubmit NCARB Certification (aka Blue Cover).**
- **Attach to this form a list of all licenses and expiration dates (current and expired).**

Name (as preferred on license):		
Last _____ First _____ Middle (initial or name) _____		
Social Security Number: _____ NC Registration/License Number: _____		
Home		Work
Street _____ Apartment Number _____		Firm Name _____
City _____ State _____ Zip _____		Street _____ Suite/Rm. _____
		City _____ State _____ Zip _____
<i>As indicated above, all correspondence from NCBA will be via email. Please print your email address clearly.</i>	<b><u>Email Address:</u></b> _____	
	Home Phone Number: _____	
	Firm/Business Phone Number: _____	
NCARB Certificate Number: _____	Date of Birth: _____	
	Place of Birth: _____	
	Alternate Phone Number : _____	

Name: \_\_\_\_\_

**Employment** (List only since license expired, use another sheet if necessary.)

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 and Certification**

Please list all projects on which you have offered or rendered services in the State of North Carolina since your license expired. You must include all projects regardless of whether or not you placed your seal on the plans. Include a statement as to the current status of the project. Use additional sheet if necessary.

**IMPORTANT** - If you have NOT offered or rendered architectural services in the State of North Carolina since your license expired please certify below.

I \_\_\_\_\_ certify that I have NOT offered or rendered architectural services in the  
(Full Name, typed or printed.)  
State of North Carolina since my license expired on \_\_\_\_\_.

\_\_\_\_\_(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 on the reverse side of this form.

\_\_\_\_\_(initials) I certify that I have earned all necessary continuing education credit as outlined in 21 NCAC 02.0907

\_\_\_\_\_(initials) I certify that my NCARB Record is ACTIVE and in GOOD standing.

\_\_\_\_\_(initials) I hereby apply for Reinstatement of my North Carolina license to practice architecture.

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.

Signature of Applicant \_\_\_\_\_ Printed Name \_\_\_\_\_ date \_\_\_\_\_