



North Carolina Board of Architecture

2016-2017

License Renewal for Individual Registration

LAST,	FIRST	MIDDLE	NC License Number
Firm Name			Preferred Phone Number
Address			E-mail address
City	State	Zip	Fax Number

The above address is my (check one) HOME _____ or FIRM _____ address. If it is your HOME address, please **do not** include the firm name. PLEASE PRINT CLEARLY.

Renewal fee and late fees: (N.C.G.S. 83A-11) :

- 2016-2017 Renewal Fee is \$50.00.
- July 2, 2016 through July 31, 2016 - \$50.00 late fee (for a total of \$100.00).
- After August 1, 2016 - \$100.00 late fee (for a total of \$150.00).

Important Reminders:

- Returned checks will be assessed a charge of \$35.00.
- If you renewed on-line do not use this form.
- In order to continue practicing architecture, you must renew the license registration no later than June 30, 2016.
- To print a certificate of licensure go to the resource section of www.ncbarch.org, select architect search, select 'licensee' and search by name or license number. The matches will appear, click on your license number, then click on 'create a certificate'.
- If you do not renew by June 30, 2016 your license will expire. If you offer or render architectural services after your license expires you may be charged with non-licensed practice of architecture.

PLEASE COMPLETE THE SECOND PAGE OF THIS FORM.

Incomplete Renewal Forms Will Be Returned.

THIS SECTION FOR OFFICE USE ONLY Date Received: _____ 01 Check Number: _____ 02 Check Number: _____

Incomplete Renewal Forms Will Be Returned. Second Page.

Section One - Continuing Education Certification of Compliance

I certify that I have completed the required twelve hours of continuing education for the reporting period January 1, 2015 to December 31, 2015 as set forth in 21 NCAC 02.0903 (Non-residents should refer to 21 NCAC 02.0908.

_____(initials) **YES , I certify that I have complied.**

OR

I am exempt from the continuing education requirements for the following reason/s:

___ I am Exempt per rule 21 NCAC 02.0906 (1) "New Registrant".

___ I have served more than 90 consecutive days on Temporary Active Duty in the armed forces of the United States. Exempt per rule 21 NCAC 02.0906 (2).

___ I have applied for and was granted an exemption based on rule 21 NCAC 02.0906 (3) ("Medical exemption.")

OR

I certify that **I HAVE NOT** complied with the North Carolina Board of Architecture Rules and Laws requiring 12 contact hours of continuing professional education on health, safety and welfare issues during the **2015** calendar year. I understand that my license will be placed on probation and renewed conditionally. I understand that I have until December 31, 2016 to obtain and submit documentation of the deficient contact hours for 2015 and **that failure to comply may ultimately result in license revocation.**

I HAVE NOT COMPLIED, I AM DEFICIENT (amount) _____ HOURS. _____ (initials)

Questions regarding continuing education should be directed to Tyler Barrick at tyler@ncbarch.org

Section Two - Moral Character Data Please read and answer this section **CAREFULLY.**

(If you answer Yes to any of the following questions, please submit details and/or a copy of disciplinary action.)

-Since July 1, 2015 has your professional license/registration been denied, suspended or revoked in any jurisdiction?

YES ___ (initials) OR NO ___ (initials)

-Since July 1, 2015, have you surrendered or allowed a professional license/registration to lapse in any jurisdiction due to pending or threatened disciplinary action?

YES ___ (initials) OR NO ___ (initials)

-Since July 1, 2015, have you been charged, arrested, convicted, found guilty or pleaded nolo contendere to any criminal offenses (excluding non-criminal traffic infractions) or have you been party to any civil litigation alleging that you committed fraud or gross negligence in the practice of architecture?

YES ___ (initials) OR NO ___ (initials)

-Since July 1, 2015 have you been investigated, charged, or disciplined since the filing of your last renewal application, or are you currently under investigation by any governing or licensing board (other than North Carolina) or by a state or federal agency?

YES ___ (initials) OR NO ___ (initials)

Section Three - Certification

I certify that I have read the North Carolina Architectural Laws and Rules and I am qualified to practice architecture in the state of North Carolina. The information I have provided on this form is true and accurate to the best of my knowledge. (The laws and rules may be viewed at www.ncbarch.org.)

SIGNATURE OF ARCHITECT

Date

PRINTED NAME

RETURN COMPLETED RENEWAL FORM and FEE TO:

The North Carolina Board of Architecture

127 W. Hargett Street Suite 304

Raleigh, NC 27601

Phone: 919.733.9544

<http://www.ncbarch.org>