



The State of North Carolina

The North Carolina Board of Architecture
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Address/Contact Information Change Form ARCHITECTS AND A.R.E. CANDIDATES ONLY

Name: _____

Select One:
 Architect ARE Candidate
License Number _____

Date change is effective: _____

PLEASE PRINT LEGIBLY OR TYPE THIS FORM.

OLD ADDRESS:

This is a:
 Home Address Firm Address

NEW ADDRESS:

This is a:
 Home Address Firm Address*

*If you use your firm address, please include the name of the firm .

New Phone, Fax, Email:

Daytime Phone Number: _____

Fax Number: _____

Email: _____

Most correspondence from NCBA is sent via email. Please print your email address clearly. ALL LICENSE RENEWALS ARE SENT VIA EMAIL.

For office use only:
Date Received _____ Recorded by _____