



The North Carolina Board of Architecture and Registered Interior Designers  
434 Fayetteville Street Suite 2005  
Raleigh, NC 27601  
[nba@ncbarch.org](mailto:nba@ncbarch.org)

Application for Firm License Reinstatement Fee \$260.00

**Please select one of the following:**

- Reinstatement a North Carolina Professional Corporation to practice architecture (P.C., P.A., Inc.).
- Reinstatement North Carolina Professional Limited Liability Company to practice architecture (P.L.L.C.)
- Reinstatement an out of state architectural corporation (P.C., P.A. Inc.)
- Reinstatement an out of state architectural company (L.L.C., P.L.L.C.)

**General Instructions**

Complete and return this form to the Firm Compliance Administrator for the NC Board of Architecture and Registered Interior Designers at the above address.

Attach copies of any filed amendments made to the firm since the firm license expired.

The application fee is \$250, the check should be made payable to NCBA/RID. No refunds.

ALL CORRESPONDENCE FROM THE BOARD WILL BE SENT VIA E-MAIL.

Firm Contact Person \_\_\_\_\_

Name of Firm \_\_\_\_\_

NC Firm License Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Firm Email \_\_\_\_\_

Firm Phone Number \_\_\_\_\_

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**Section A** - For Professional Corporations indicate all officers, directors and shareholders. For Professional Limited Liability Companies indicate all members and owners. Percentage of stock or ownership should equal 100%. Indicate architect's position – at least one member and owner (PLLC) or officer, director and shareholder (PC) must be a NC licensee.

Name	Profession (Architect or Engineer, etc.)	Home State and License Number	North Carolina License Number	Officer or Member	Director Position	Shareholder or Owner	Percentage of stock owned, or membership held

**Section B Non-licensed shareholder or member employees.** Total of this section may not exceed 33.3%. (Use additional sheets, if necessary.)

Name	Position / Profession	Percentage of shares owned, or membership held.

I certify that the information contained in this application is true and correct to the best of my knowledge and belief.

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Signature Printed Name Date