



**APPLICATION FOR INACTIVE STATUS
GEORGIA STATE BOARD OF ARCHITECTS AND INTERIOR DESIGNERS
237 Coliseum Drive
Macon, Georgia 31217
Phone (478) 207-2440**

www.sos.georgia.gov/plb/architects

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Architects and Registered Interior Designers in the State of Georgia. Visit the following website for information:
www.sos.georgia.gov/plb/architects

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct.

A LICENSE MUST BE IN AN "ACTIVE" STATUS BEFORE APPLYING FOR "INACTIVE" STATUS. IF YOU LICENSE HAS "LAPSED" AND YOU WANT TO APPLY FOR "INACTIVE" STATUS, YOU MUST FIRST APPLY FOR REINSTATEMENT. ONCE YOUR LICENSE HAS BEEN APPROVED FOR REINSTATEMENT YOU CAN APPLY FOR "INACTIVE" STATUS.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application.

The \$150.00 **non-refundable** application fee payable to the **Georgia State Board of Architects and Interior Designers** must be included with the application. Effective January 1, 2009, the returned check fee will be \$40.00.

- _____ All items on application typed or printed
- _____ Application signed and notarized
- _____ Consent Form for background investigation completed and signed
- _____ Application must be returned in a 9 X 12 envelope, unstapled and unfolded.

The Board cannot "FAX" or accept a "FAX" of any part of this application

For Board Use Only
Fee Paid _____
Date _____
Receipt # _____
Applicant # _____

For Board Use Only
Date of Review _____
Approved _____
Disapproved _____



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APPLICATION FOR INACTIVE STATUS

ARCHITECT INTERIOR DESIGNER

APPLICATION FEE \$150.00 (NON-REFUNDABLE)

A license must be in an "active" status before applying for "Inactive" status. If your license has "lapsed" and you want to apply for "Inactive" status, you must first apply for reinstatement. Once your license has been approved for reinstatement you can apply for "Inactive" status.

NAME _____

HOME ADDRESS _____
STREET CITY STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT) _____
STREET OR P.O. BOX CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER * _____

*This information is authorized to be obtained & disclosed to State & Federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 1001

I am a U.S. Citizen I am not a U.S. Citizen, but am a qualified alien under the Federal Immigration and Naturalization Act, and I am lawfully present in the United States. (Submit supporting documentation)

DATE OF BIRTH _____

DAYTIME TELEPHONE # _____

EMAIL ADDRESS* _____

*Your Email Address will not be shared with any third party

Affidavit

I hereby attest that I am currently the holder of Architect and/or Interior Designer License Number _____ and hereby request that this license be placed on Inactive Status. I affirm that I am retired from active practice and no longer practicing as an Architect or Interior Designer in Georgia. While on Inactive Status I will not practice or offer Architect or Interior Design services, will not hold myself out to the public as being available to provide such services, and will only use the term Architect or Registered Interior Designer as long as it does not imply active practice or that Architectural or Registered Interior Design services are currently offered.

DATE
SWORN TO AND SUBSCRIBED BEFORE ME THIS

SIGNATURE OF LICENSEE

DAY OF _____, _____

NOTARY SEAL

NOTARY PUBLIC
MY COMMISSION EXPIRES _____



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

CONSENT FORM

I hereby authorize the Georgia State Board of Architects and Interior Designers (“Board”) to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

Sex

Race

Date of Birth

Social Security Number

One of the following must be checked:

This authorization is valid for 90/180/____ (circle one) days from date of signature.

I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

____ Working with mentally disabled

____ Working with elder care

____ Working with children