



**APPLICATION FOR ARCHITECT EXAMINATION  
GEORGIA STATE BOARD OF ARCHITECTS AND INTERIOR DESIGNERS**

**237 Coliseum Drive  
Macon, Georgia 31217  
Phone (478) 207-2440**

**[www.sos.georgia.gov/plb/architects](http://www.sos.georgia.gov/plb/architects)**

Please read the instructions carefully and be familiar with the laws and rules governing the practice of a Registered Architect in the State of Georgia. Visit the following website for information:  
[www.sos.georgia.gov/plb/architects](http://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.**

**Application Checklist**

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

\_\_\_\_\_ Complete each question on the application; sign the application and have your signature notarized. All items on the application should be typed or printed.

\_\_\_\_\_ NCARB Record is required on all applicants. Please contact NCARB and request they send your NCARB Record to Georgia. The Board requires the following be included in your NCARB Record: copy of college transcript, Employment Verification form for each employer listed for qualifying experience, and completed IDP Assessment report.

\_\_\_\_\_ Applicants under O.C.G.A. § 43-4-11(B)(2) need to submit an official copy of the high school transcript, or an official copy of the high school diploma, or other official proof of having completed the equivalent of the high school course.

\_\_\_\_\_ Complete and sign Consent Form for background investigation

\_\_\_\_\_ \$50.00 **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.

\_\_\_\_\_ **Application must be returned in a 9 X 12 envelope, unstapled and unfolded.**

\_\_\_\_\_ Read Architect Law, Rules & Regulations. [www.sos.georgia.gov/plb/architects](http://www.sos.georgia.gov/plb/architects)

**NOTE:** After reading the Law & Rules of the Board and all other information listed above, if you have further questions, please contact the Georgia State Board of Architects and Interior Designers at 478 207-2440.

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



- (1) Have you ever been convicted of a felony or misdemeanor (other than minor traffic violation) or entered a plea of guilty, nolo contendere, or a plea under the "First Offender Act"? DUI and DWI are not minor traffic offenses.  
 YES  NO If YES, attach certified copy of conviction or plea.
- (2) Have you ever had a license revoked or suspended or otherwise sanctioned by any board or agency in Georgia or any other state?  YES  NO If YES, attach certified copy of order.
- (3) Were you ever denied issuance of or, pursuant to disciplinary proceeding, refused renewal of any license by any board or agency in Georgia or any other state?  YES  NO If YES, attach certified copy of order.

(4) **EDUCATIONAL BACKGROUND:**

PREPARATORY SCHOOLS, HIGH SCHOOLS	DATES OF ATTENDANCE	GRADES COMPLETED

COLLEGES, UNIVERSITIES, TECHNICAL SCHOOLS	DATES OF ATTENDANCE	DATE OF GRADUATION	DEGREE RECEIVED

(5) When did you complete your Junior year of college? \_\_\_\_\_.

(6) Have you instructed NCARB to send the Council Record to the Georgia Board?  YES  NO

(7) List three (3) architects who are personally acquainted with your professional abilities. Give complete addresses.

NAME	ADDRESS

**(8) SUMMARY OF QUALIFYING WORK EXPERIENCE** (List only the experience you are using to qualify for the examination)

NAME AND ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT (Month/Day/Year) FROM TO

**AFFIDAVIT**

I hereby solemnly swear under penalties of perjury that all statements made by me in this application and the paper(s) attached hereto and made a part hereof are true and correct. I further state that I have read and understand the law, rules, and regulations of the Georgia State Board of Architects.

\_\_\_\_\_  
Signature of Applicant

I certify that the foregoing application to the Georgia State Board of Architects and Interior Designers was this day produced to me by the above applicant.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

SEAL

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