



## APPLICATION FOR INTERIOR DESIGNER REGISTRATION

### GEORGIA STATE BOARD OF ARCHITECTS AND INTERIOR DESIGNERS

237 Coliseum Drive  
Macon, Georgia 31217  
Phone (404)424-9966

<https://sos.ga.gov/board-architects-interior-designers>

Please read the instructions carefully and be familiar with the laws and rules governing the practice of a Registered Interior Designer in the State of Georgia. Visit the following website for information:

<https://sos.ga.gov/board-architects-interior-designers>

### **\*\*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 CHECK LIST

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

The \$50.00 **non-refundable** application fee + \$10.00 processing fee should be made payable to **Georgia State Board of Architects and Interior Designers**.

- \_\_\_\_\_ All items on application typed or printed
- \_\_\_\_\_ Application signed and notarized
- \_\_\_\_\_ **OFFICIAL** transcript(s) showing degree and date awarded requested from school or college
- \_\_\_\_\_ Official report from World Education Services, Inc. enclosed (foreign applicants only)
- \_\_\_\_\_ 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**

License # \_\_\_\_\_  
Date Issued \_\_\_\_\_

**GEORGIA STATE BOARD OF ARCHITECTS AND INTERIOR DESIGNERS**

237 Coliseum Drive  
Macon, GA 31217  
(404)424-9966

<https://sos.ga.gov/board-architects-interior-designers>

**APPLICATION FOR INTERIOR DESIGNER REGISTRATION**  
Application Fee \$50.00 + \$10.00 Processing Fee (non-refundable)

**Applicant is applying for Interior Designer Registration by**  
 Examination – Rule 50-10-.03       Endorsement – Rule 50-10-.05

**Full Name**

\_\_\_\_\_  
First Middle Last  
(Please type or print name as desired on license)

**Physical Address**

\_\_\_\_\_  
Number and Street (P. O. Box not acceptable) City State Zip Code

**Mailing Address**

(If different) \_\_\_\_\_  
Street/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

**Date of Birth**

\_\_\_\_\_

**Telephone Number Day**

**Telephone Number Evening**

**E-Mail Address**

\_\_\_\_\_  
Providing your e-mail address allows us to notify you via e-mail when we receive your application and when we issue your license. These e-mails will contain useful information on how to check the status of your application and how to verify licensure. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your email address will not be shared with any third party.

**EDUCATION** (Submit official transcript from each college or university attended)

\_\_\_\_\_  
College/University Degree/Date

\_\_\_\_\_  
College/University Degree/Date

\_\_\_\_\_  
College/University Degree/Date

**CERTIFICATIONS**

- 1. Provide your NCIDQ certification number and certification expiration date to allow us to verify the status of your NCIDQ certification.

**NCIDQ Certification Number:** \_\_\_\_\_ **Certification Expiration Date:** \_\_\_\_\_

- 2. If you have passed the Architect Registration Examination (ARE) or any other examination which is accepted by the National Council of Architectural Registration Boards (NCARB) to qualify for an NCARB certificate, you should instruct the state board in which jurisdiction the examination was passed, or NCARB, to send official verification of grades directly to the Georgia Board office.

**Date Exam Passed:** \_\_\_\_\_

**State/Jurisdiction Where Exam Passed:** \_\_\_\_\_

**NCARB Certificate #:** \_\_\_\_\_

---

**OTHER REGISTRATIONS**

- 1. **Interior Designer Registration . If you are registered in another state, summarize as follows:**

**State:** \_\_\_\_\_

**Date of Initial Registration:** \_\_\_\_\_

**Status of License:**      **Current**      **Expired**

- 2. **Architect Registration                    If you are registered, summarize as follows:**

**State:** \_\_\_\_\_

**Date of Initial Registration:** \_\_\_\_\_

**Status of License:**      **Current**      **Expired**

Have you ever had a license revoked, suspended or otherwise sanctioned by any board or agency in Georgia or any other state?

( ) YES ( ) NO If YES, attach certified copy of order.

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.

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.

**AFFIDAVIT**

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Architects and Interior Designers, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document referenced on our website, [www.sos.ga.gov/plb](http://www.sos.ga.gov/plb), under QuickLinks.**

2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Architects and Interior Designers and/or criminal prosecution.

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

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

Subscribed and sworn to before me

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

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

SEAL

My Commission Expires \_\_\_\_\_