



**APPLICATION TO REACTIVATE REGISTERED ARCHITECT STATUS
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 Architect in the State of Georgia. Visit the following website for information: <https://sos.ga.gov/board-architects-interior-designers>

Note: Only use this application if your license is in “Inactive” status. If your license is in “Lapsed” status, use the Reinstatement Application. If you are unsure, access “License Verification” from the website at <https://sos.ga.gov/board-architects-interior-designers> or call (404)424-9966

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.

The \$300.00 **non-refundable** application fee + \$10.00 processing 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.

- _____ Verified that license is in “Inactive” status
- _____ All items on application must be typed or printed
- _____ Application must be signed and notarized
- _____ Documentation supporting required continuing education hours is included
- _____ Read Registered Architects Law and Rules
- _____ Application must be returned in a 9 X 12 envelope, unstapled and unfolded

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 (404)424-9966.

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 _____
Reactivated _____

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APPLICATION TO REACTIVATE ARCHITECT STATUS

REACTIVATION FEE - \$300.00+ \$10.00 processing fee

Payable to the Georgia State Board of Architects and Interior Designers

NAME _____

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

TELEPHONE NUMBER DAY _____

TELEPHONE NUMBER EVENING _____

SOCIAL SECURITY NUMBER * _____ **DATE OF BIRTH** _____

*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

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.

LICENSE NUMBER _____ **DATE INACTIVE** _____

Since the date of last renewal of this license, have you 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", or been sanctioned by this or another state board agency. DUI and DWI are not minor traffic offenses.

() YES () NO (If YES, attach copy of conviction or plea)

I certify that I have completed _____ hours of continuing education for reactivation of my license to practice as provided for in Chapters 50-6 of the Rules of the Board. I have attached evidence to support this statement. Such documentation shall include evidence of completion of each course or program, a description of the contents of each course or program, and verification of the number of hours of each course or program; or, for other activities which meet the requirements, such documentation as to ascertain their completion. (The Laws and Rules of the Board are accessible from our website at <https://sos.ga.gov/board-architects-interior-designers>)

Professions Activities Since Placed on Inactive Status: _____

APPLICANT 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. Since my license was placed on Inactive Status, I affirm that I have not practiced or offered architectural services in Georgia. I have not held myself out to the public as being available to provide such services, not have I used the term architect to imply active practice.

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 as referenced on our website, 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.

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

DATE

Sworn To and Subscribed Before Me this

_____ day of _____, _____

NOTARY SEAL

Notary Public
My Commission Expires _____