



**REGISTERED INTERIOR DESIGNERS REINSTATEMENT APPLICATION
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 an Registered Interior Designers in the State of Georgia. Visit the following website for information: <https://sos.ga.gov/board-architects-interior-designers>

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 + \$10.00 processing fee payable to the **Georgia State Board of Architects and Interior Designers** must be included with the application. The current returned check fee is \$40.00.

- _____ All items on application must be typed or printed
- _____ Application must be signed and dated
- _____ Documentation supporting required continuing education hours must be included
- _____ Read Registered Interior Designer Law and Rules
- _____ Application must be returned in a 9 X 12 envelope, unstapled and unfolded

If your license lapsed	Total Continuing Education Required When Reinstatement Date is:	
	March 31, 2021	05/01/21 – 03/31/22 18 CE
March 31, 2019 and earlier	24 CE	

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 law and rules of the Board can be accessed from the website at <https://sos.ga.gov/board-architects-interior-designers>

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 _____
Reinstated _____

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APPLICATION FOR REINSTATEMENT OF INTERIOR DESIGNER REGISTRATION
REINSTATEMENT FEE - \$150.00 + \$10.00 Processing Fee

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

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

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.

LICENSE NUMBER _____

DATE LAPSED _____

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 certified copy of conviction or plea)

I certify that I have completed _____ hours of continuing education for reinstatement of my license to practice as provided for in Chapters 50-9 and 50-11 of the Rules of the Board. I have attached evidence of completion of continuing education to support this statement. Such evidence 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. Certificates of Attendance and AIA transcripts are acceptable forms of evidence.

PROFESSIONAL ACTIVITIES SINCE LAST RENEWAL _____

REASON FOR FAILING TO RENEW _____

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 _____

CONTINUING EDUCATION REPORT

NAME: _____

Please refer to Board Rule 50-9-.05 for required amount of continuing education for reinstatement:
THIS PAGE MUST HAVE TOTALS. APPLICATION WILL BE RETURNED IF THESE COLUMNS ARE NOT COMPLETE. THE BOARD WILL NOT TOTAL YOUR CE' S.

NOTE: PLEASE ATTACH COPIES OF ALL SUPPORTING DOCUMENTATION

School, Firm or Organization Conducting Program	Title of Program or Description of Content	Dates Attended	Public Protection Subjects	All Other Subjects

Total Hours Claimed		
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I certify under penalty or perjury to the truth and accuracy of all statements, answers and representation made in this report.

Signature: _____ Date: _____