

RECIPROCAL LICENSING APPLICATION WITH NCARB CERTIFICATION

- 1. Before completing any part of this application, make sure this is the most recent version by comparing it with the one posted on the Board's website. The date is located in the upper left hand corner.**
- 2. Application responses must be typed or printed neatly. ALL questions in ALL sections MUST be answered completely. USE BLACK INK ONLY**
- 3. NCARB:** Request NCARB to forward a copy of your record file (Blue Cover) to be transmitted to the Board Office.

STATE ARCHITECTS LICENSURE BOARD

MAILING ADDRESS

State Architects Licensure Board
P.O. Box 2649
Harrisburg PA 17105

COURIER ADDRESS

State Architects Licensure Board
2601 North Third Street
Harrisburg PA 17105

PHONE

717-783-3397

FAX

717-705-5540

EMAILST-architect@pa.gov**WEBSITE**www.dos.pa.gov/arch

RECIPROCAL LICENSING APPLICATION WITH NCARB CERTIFICATION

RECIPROCAL LICENSURE - \$30.00 NON-REFUNDABLE APPLICATION FEE

Check or money order only, made payable to the "Commonwealth of Pennsylvania.

There is a \$20.00 charge for all checks returned "not paid" regardless of the reason for non-payment.

USE BLACK INK ONLY

If an application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee. In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.

License being issued once application is approved/processed will expire June 30th of the odd numbered year. Original application is required.

SECTION 1: If your name has changed since you completed the examination, provide a copy of the marriage certificate or court order.

APPLICANT NAME		
FIRM NAME (OPTIONAL)		
FIRM ADDRESS (OPTIONAL)	STREET AND/OR P. O. BOX	
	CITY/STATE	
	ZIP CODE	
CONTACT TELEPHONE NUMBER		

SECTION 2 (REQUIRED):

SOCIAL SECURITY NUMBER		
DATE OF BIRTH		
HOME ADDRESS	STREET	
	CITY/STATE	
	ZIP CODE	
CONTACT TELEPHONE NUMBER		
EMAIL ADDRESS:	WOULD YOU LIKE US TO COMMUNICATE WITH YOU REGARDING THIS APPLICATION VIA EMAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 3: NCARB FILE

YOU MUST CONTACT NCARB TO REQUEST YOUR RECORD FILE (BLUE COVER) TO BE TRANSMITTED TO THE BOARD OFFICE.	
NCARB FILE NUMBER:	

SECTION 4: The following questions must be answered:

If you answered "yes" to questions #3-7, provide a written explanation along with a certified copy of the record with this application.

	YES	NO
1. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		
2. If you answered yes to the above question, please provide the profession and state or jurisdiction:		
<div style="display: flex; justify-content: space-between;"> <div style="width: 50%; padding: 5px;">3. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?</div> <div style="width: 45%; padding: 5px;"> <input type="checkbox"/> Check here if action was taken in PA Certified Copies Not Required </div> </div>		
4. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5. Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
6. Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD) as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
7. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		

SECTION 5:

<p>I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.</p> <p>I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate.</p> <p>SOCIAL SECURITY ACT CERTIFICATION</p> <p>In order to comply with federal law, the State Architects Licensure Board is obligated to inform each applicant or licensee from whom it requests a social security number that disclosing such number is mandatory in order for this Board to comply with the requirements of the federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. §4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number.</p>	
Applicant signature (same person as listed in Section 1)	Date-Must be within 30 days of receipt in the Board Office