

# 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 17110

**PHONE**

717-783-3397

**FAX**

717-705-5540

**E-MAIL**
[st-architect@pa.gov](mailto:st-architect@pa.gov)
**WEB**
[www.dos.pa.gov/arch](http://www.dos.pa.gov/arch)

## APPLICATION FOR FIRM REGISTRATION

**Before completing 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.**

### Instructions and Requirements

An individual architect or a group of architects may practice architecture in Pennsylvania in one of the following forms of architectural firms: Sole Proprietorship; Partnership; Professional Association; Professional Corporation; Business Corporation; Limited Liability Company; Limited Liability Partnership.

1. **A Sole Proprietorship must meet the following criteria:**

- The owner is a licensee of the Board.

2. **A Partnership must meet the following criteria:**

- At least two-thirds of the partners are licensed in a state to practice architecture, engineering or landscape architecture.
- At least one-third of the partners is licensed in a state to practice architecture.
- At least one partner is a licensee of the Board.

3. **A Professional Association must meet the following criteria:**

- At least two-thirds of the members of the board of governors are licensed in a state to practice architecture, engineering or landscape architecture.
- At least one-third of the members of the board of governors is licensed in a state to practice architecture.
- At least one member is a licensee of the Board.

4. **A Professional Corporation must comply with the "Professional Corporation Law" and meet the following criteria:**

- Every shareholder is licensed in a state to practice architecture, engineering or landscape architecture.
- At least one shareholder is a licensee of the Board.

5. **A Business Corporation must meet the following criteria:**

- At least two-thirds of the directors are licensed in a state to practice architecture, engineering or landscape architecture.
- At least one-third of the directors is licensed in a state to practice architecture.
- At least one director is a licensee of the Board.
- At least two-thirds of all classes of voting stock issued and outstanding at any one time are owned by architects, engineers or landscape architects.
- At least one-third of each class of voting stock issued and outstanding at any one time are owned by individuals licensed in a state to practice architecture.

**6. A Limited Liability Company must meet the following criteria:**

- At least two-thirds of the members, if managed by members, or at least two-thirds of the managers, if managed by managers, are licensed under the laws of any state to practice architecture, engineering or landscape architecture.
- At least one-third of the members, if managed by members, or at least one-third of the managers, if managed by managers, is licensed under the laws of any state to practice architecture.
- At least one member or manager is a licensee of the Board.
- At least two-thirds of all classes of voting membership at any one time shall be owned by an individual or individuals licensed under the laws of any state to practice architecture, engineering or landscape architecture.
- At least one-third of all classes of voting membership at any one time shall be owned by an individual or individuals licensed under the laws of any state to practice architecture.

**7. A Limited Liability Partnership must meet the following criteria:**

- At least two-thirds of the partners are licensed under the laws of any state to practice architecture, engineering or landscape architecture.
- At least one-third of the partners is licensed under the laws of any state to practice architecture.
- At least one partner is a licensee of the Board.

**A *Partnership, Professional Association, Professional Corporation or Business Corporation*** engaged in the practice of architecture having fewer than three partners, governors, shareholders or directors shall have at least one owner who is a licensee of the Board and who owns 50% of the business.

**A *Partnership, Professional Association, Limited Liability Company or Limited Liability Partnership*** engaged in the practice of architecture having fewer than three partners, governors, shareholder or directors, members or managers shall have at least one partner, governor, shareholder or director, member or manager who is an individual licensed in this Commonwealth.

Each project undertaken by a firm engaged in the practice of architecture in the Commonwealth of Pennsylvania must be under the personal supervision of **a partner in the case of a Partnership or Limited Liability Partnership, a member of the board of governors in the case of a Professional Association, a shareholder in the case of a Professional Corporation, or a director in the case of a Business Corporation, or member or manager in the case of a Limited Liability Company** who holds a certificate to engage in the practice of architecture in this Commonwealth pursuant to the Act. The seal of such individuals must appear on all drawings, specifications and other design documents issued by the firm for such projects.

**ATTACHMENTS:**

1. **FEE.** Provide a check or money order in the amount of **\$50.00** made payable to the “Commonwealth of PA.”
2. **FIRM/FICTITIOUS NAME APPROVAL.**
  - a. If using the word “Architect” or some derivation thereof, in the firm name, provide a copy of the **Request for Architecture Firm Name Approval** document.
  - b. If using a fictitious name, provide a completed copy of the **Request for Fictitious Name Approval** document.

**UPON RECEIPT OF THE APPROVAL LETTER FOR THE FIRM NAME OR FICTITIOUS NAME – SUBMIT A COPY TO THE PENNSYLVANIA CORPORATION BUREAU WITH FILING APPLICATION. YOUR FIRM REGISTRATION CANNOT BE ISSUED UNTIL YOU SUBMIT APPROVED DOCUMENTS FROM THE PENNSYLVANIA CORPORATION BUREAU.**

3. **FORMATION DOCUMENTATION.** Attach the applicable documentation dated within **90 days** of receipt in the Board office, from the Pennsylvania Corporation Bureau:
  - **Corporations**
    - a) For **Pennsylvania** corporations--a **photocopy of the approved articles of incorporation.**
    - b) For **out of state** corporations--a **photocopy of the foreign registration statement to do business as a foreign corporation.**
    - c) If the corporation is doing business under a **fictitious name**, also include a **photocopy of the approved fictitious name registration.** *The corporation’s name must specifically appear on the fictitious name registration.*
  - **Limited Liability Companies and Partnerships**
    - a) For **Pennsylvania** companies and partnerships--a **photocopy of the approved certificate of registration.**
    - b) For **out of state** companies and partnerships --a **photocopy of the certificate of authority to do business as a foreign limited liability company or partnership.**
    - c) If the Limited Liability Company or Partnership is doing business under a **fictitious name**, also include a **photocopy of the approved fictitious name registration.** *The Limited Liability Company or Partnership’s name must specifically appear on the fictitious name registration.*
  - **Sole Proprietorship**
    - a) If the sole proprietorship is doing business under a **fictitious name**, also include a **photocopy of the approved fictitious name registration.** *The applicant’s personal name must specifically appear on the fictitious name registration.*

**Questions about entity filings should be directed to the Corporation Bureau, Department of State, Harrisburg, PA 17120, (717) 787-1057.**

4. **LETTERHEAD.** Provide a copy of the proposed letterhead, displaying the firm name, fictitious name (if applicable), names of the principals, followed by credentials indicating their respective professions, which must be permanently imprinted, as well as the word “architect” or some derivation thereof as part of the name of the business, or as a subtitle thereto. **The letterhead will not be accepted if the names and credentials of the principals are typed in the body of the letterhead.** Please note the letterhead must be used for any correspondence for projects in Pennsylvania.
5. **LICENSE VERIFICATION.** Verification of out-of-state (other than Pennsylvania) licensed professionals who are current and in good standing. Provide a current copy of the professional license.

# 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 17110

**PHONE**

717-783-3397

**FAX**

717-705-5540

**E-MAIL**

[st-architect@pa.gov](mailto:st-architect@pa.gov)

**WEB**

[www.dos.pa.gov/arch](http://www.dos.pa.gov/arch)

## APPLICATION FOR FIRM REGISTRATION

### \$50.00 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.

INITIAL FIRM REGISTRATION

AMENDMENT OF FIRM REGISTRATION

IF THIS APPLICATION IS FOR AN AMENDMENT OF A FIRM LICENSE, PROVIDE THE CURRENT FIRM LICENSE NUMBER: AX- \_\_\_\_\_

WHAT IS THE CHANGE BEING MADE TO THIS FIRM? \_\_\_\_\_

**SECTION 1: PLEASE LIST THE TYPE OF FIRM**

BUSINESS CORPORATION

PROFESSIONAL CORPORATION

PARTNERSHIP

SOLE PROPRIETORSHIP

PROFESSIONAL ASSOCIATION

LIMITED LIABILITY COMPANY

LIMITED LIABILITY PARTNERSHIP

**SECTION 2:**

<b>FIRM NAME:</b> This is the name you have registered/will be registering with the Corporation Bureau.	
<b>FICTITIOUS/DBA NAME:</b> This is the name you are conducting business as.	
<b>FIRM STREET ADDRESS:</b>	
<b>CITY / STATE / ZIP CODE:</b>	
<b>BUSINESS TELEPHONE NUMBER:</b>	
<b>EMAIL ADDRESS:</b>	WOULD YOU LIKE US TO COMMUNICATE WITH YOU REGARDING THIS APPLICATION VIA EMAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION 3: OWNERSHIP INFORMATION – ALL FIELDS MUST BE COMPLETED**

NAME	LICENSE NUMBER <u>REQUIRED</u>	STATE OF LICENSURE	PROFESSION	PERCENTAGE
				<b>Total 100%</b>

**SECTION 4: CERTIFICATION (SIGNED BY ALL OWNERS LISTED IN SECTION 3)**

I/WE WILL NOTIFY THE BOARD PRIOR TO CHANGE IN THE OWNERSHIP OF THE BUSINESS WHENEVER CHANGES ARE CONTEMPLATED.

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.

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.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

# 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 17110

**PHONE**

717-783-3397

**FAX**

717-705-5540

**E-MAIL**

[st-architect@pa.gov](mailto:st-architect@pa.gov)

**WEBSITE**

[www.dos.pa.gov/arch](http://www.dos.pa.gov/arch)

## REQUEST FOR ARCHITECTURE FIRM NAME APPROVAL

### THIS FORM IS FOR NAME APPROVAL ONLY

UPON RECEIPT OF APPROVAL LETTER – SUBMIT A COPY TO THE PENNSYLVANIA CORPORATION BUREAU WITH FILING APPLICATION. YOUR FIRM REGISTRATION CANNOT BE ISSUED UNTIL YOU SUBMIT APPROVED DOCUMENTS FROM THE PENNSYLVANIA CORPORATION BUREAU.

*TYPE OR PRINT ALL INFORMATION – BLACK INK ONLY*

1. FIRM NAME: \_\_\_\_\_

2. CONTACT PERSON: \_\_\_\_\_

3. TELEPHONE NUMBER: \_\_\_\_\_

4. EMAIL ADDRESS: \_\_\_\_\_

5. FIRM MAILING ADDRESS: \_\_\_\_\_

6. FIRM REGISTRATION NUMBER (IF APPLICABLE): AX \_\_\_\_\_

TYPE OF FIRM:

<input type="checkbox"/> BUSINESS CORPORATION	[ ]	SOLE PROPRIETORSHIP
<input type="checkbox"/> PARTNERSHIP	[ ]	PROFESSIONAL CORPORATION
<input type="checkbox"/> LIMITED LIABILITY COMPANY	[ ]	PROFESSIONAL ASSOCIATION
	[ ]	LIMITED LIABILITY PARTNERSHIP

**OWNERSHIP INFORMATION – ALL FIELDS MUST BE COMPLETED**

NAME	LICENSE NUMBER REQUIRED	STATE OF LICENSURE	PROFESSION	PERCENTAGE
<b>Total</b>				<b>100%</b>

# 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 17110

**PHONE**

717-783-3397

**FAX**

717-705-5540

**E-MAIL**

[st-architect@pa.gov](mailto:st-architect@pa.gov)

**WEBSITE**

[www.dos.pa.gov/arch](http://www.dos.pa.gov/arch)

## REQUEST FOR FICTITIOUS NAME APPROVAL

### THIS FORM IS FOR FICTITIOUS NAME APPROVAL ONLY

UPON RECEIPT OF APPROVAL LETTER – SUBMIT A COPY TO THE PENNSYLVANIA CORPORATION BUREAU WITH FILING APPLICATION. YOUR FIRM REGISTRATION CANNOT BE ISSUED UNTIL YOU SUBMIT APPROVED DOCUMENTS FROM THE PENNSYLVANIA CORPORATION BUREAU.

*TYPE OR PRINT ALL INFORMATION – BLACK INK ONLY*

1. FIRM NAME:	_____
2. FICTITIOUS/DBA (DOING BUSINESS AS) NAME:	_____
3. CONTACT PERSON:	_____
4. TELEPHONE NUMBER:	_____
5. EMAIL ADDRESS:	_____
6. FIRM MAILING ADDRESS:	_____
7. FIRM REGISTRATION NUMBER (IF APPLICABLE): AX	_____

TYPE OF FIRM:	<input type="checkbox"/>	SOLE PROPRIETORSHIP	
<input type="checkbox"/>	BUSINESS CORPORATION	<input type="checkbox"/>	PROFESSIONAL CORPORATION
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	PROFESSIONAL ASSOCIATION
<input type="checkbox"/>	LIMITED LIABILITY COMPANY	<input type="checkbox"/>	LIMITED LIABILITY PARTNERSHIP

LIST THE REASON FOR THE USE OF A FICTITIOUS NAME:
_____
_____
_____