

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
WEBSITE www.dos.pa.gov

REQUEST FOR CHANGES TO AN INDIVIDUAL LICENSE

This request form is used to process a change to your individual license personal name and/or address, place it on inactive status or request a duplicate copy of an existing active license.

CHECK THE APPROPRIATE BLOCK AND COMPLETE THE REQUESTED INFORMATION- USE BLACK INK ONLY



CHANGE OF PERSONAL NAME AND/OR ADDRESS:

1. Submit an 8½ x 11 copy of a legal document verifying your new name. **The only acceptable documents are:** a marriage certificate, divorce decree which indicates the retaking of your maiden name, court order indicating the retaking of a maiden name, or a court order approving a legal name change. **Copies of driver's license or Social Security cards are not acceptable. Failure to submit required documents will result in your license being issued in the name as shown on our records.**
2. Complete the information below.



REQUEST FOR A DUPLICATE LICENSE OR WALL CERTIFICATE:

1. Submit a \$5.00 fee for duplicate license or \$10.00 fee for a wall certificate. Make check or money order payable to the "Commonwealth of PA." **A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.**
2. Complete the information below.



REQUEST TO PLACE MY INDIVIDUAL LICENSE ON INACTIVE STATUS. Complete the below information and **return your current license**. There is no fee to place your license on inactive status.

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| LICENSEE NAME: | | SOCIAL SECURITY #: | | | |
| ARCHITECT LICENSE #: | | DATE OF BIRTH: | | | |
| CONTACT PHONE #: | | EMAIL ADDRESS: | | | |
| **CHECK THE APPROPRIATE BOX FOR THE ADDRESS THAT SHOULD APPEAR ON THE LICENSE** | | | | | |
| HOME ADDRESS: | | | OLD ADDRESS: <i>(Required for Verification)</i> | PLEASE | |
| | City: | State: | | | Zip Code: |
| NEW EMPLOYER'S BUSINESS NAME AND ADDRESS: | OLD EMPLOYER'S BUSINESS ADDRESS: | | | PRINT | |
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