



ALABAMA BOARD OF ARCHITECTS
770 WASHINGTON AVENUE, SUITE 150
MONTGOMERY, ALABAMA 36130-4450
www.boa.alabama.gov (334) 242-4179

APPLICATION FOR REGISTRATION BY EXAMINATION

INSTRUCTIONS: Attach \$10 application fee (payable to Alabama Board of Architects) and Citizenship Affidavit and documentation. Contact NCARB to authorize transmittal of your completed IDP council record to the Alabama Board of Architects.

APPLICANT'S FULL NAME:

NCARB FILE NUMBER:

NAME TO APPEAR ON REGISTRATION CERTIFICATE:

STREET:

MAILING
ADDRESS

CITY:

STATE:

ZIP:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

DAYTIME TELEPHONE:

GENDER:

RACE:

E-MAIL ADDRESS:

Have you made application to any other state to take the exam? Where?

Excluding minor traffic violations, have you ever been convicted of a crime?
If YES, provide details on a separate sheet.

Have you ever filed an application for architectural registration that has been denied in any jurisdiction? If YES, provide details on a separate sheet.

Have you ever been the subject of disciplinary action, including entering into a consent or similar agreement, by any architectural registration board? If YES, provide details on a separate sheet.

I understand that providing false information on an application for registration may subject me to discipline by the Board, including denial of registration.

Signature of Applicant

Date