

MEMORANDUM

TO: All Architectural Candidates

FROM: Leslie Hanska, Executive Director

RE: Licensing and Testing Application Process

The Board requires completion of an accredited architectural degree if not applying by equivalent standards and the start of an AXP record with NCARB. If you have not started a record please contact NCARB at (202) 783-6500 to begin the AXP process or you may go to www.ncarb.org. The application fee to begin testing is \$50.00 and payment must be by check or money order made payable to the Oklahoma Board of Architects. You are also required to submit a passport quality photo with this application.

Please make sure you have submitted your eligibilities request from NCARB to begin testing. If you have any questions, please contact this office.

THE BOARD OF GOVERNORS OF THE LICENSED ARCHITECTS, LANDSCAPE ARCHITECTS AND REGISTERED INTERIOR DESIGNERS OF OKLAHOMA

220 NE 28th St., Suite 150
Oklahoma City, OK 73105
(405) 949-2383

Equivalent Standards

Application for Candidate Architect Registration

Email address Social Security Number - - .

Name in Full Date

| | | | |
|-------------------|-----------|-------|-----|
| Business Address | Firm Name | | |
| | Street | | |
| | City | State | Zip |
| | Telephone | | |
| Residence Address | Street | | |
| | City | State | Zip |
| | Telephone | | |
| | | | |

Address for Correspondence Residence Business

Citizenship Birth Naturalization

Birth Date Birth Place

I hereby apply for registration and license to practice architecture by the following method:

By written examination. Duration of residency in State Months
Years

By reciprocal Registration.

Have you ever been convicted of a felony? Yes No
If yes, give details. (Attach a separate sheet if necessary)

Have you ever been registered in Oklahoma? Yes No
If yes, my registration number was:

Name in Full

C. Practical Experience

| Full name and complete (Begin with first employer and include military and others) (Please list part-time & fulltime separately) | Dates of Employment Give Month, Day and Year | Total Time Employed | | Check Appropriate Experiences | | |
|--|---|-----------------------------|-------------------------------|----------------------------------|-----------------------|----------------|
| | | Part Time * Yrs. Mos. | Full* Time Yrs. Mos. | General practice of architecture | Teaching and research | Public service |
| | From | Yrs. | Yrs. | | | |
| | To | Mos. | Mos. | | | |
| | From | Yrs. | Yrs. | | | |
| | To | Mos. | Mos. | | | |
| | From | Yrs. | Yrs. | | | |
| | To | Mos. | Mos. | | | |
| | From | Yrs. | Yrs. | | | |
| | To | Mos. | Mos. | | | |
| | From | Yrs. | Yrs. | | | |
| | To | Mos. | Mos. | | | |
| | From | Yrs. | Yrs. | | | |
| | To | Mos. | Mos. | | | |
| | From | Yrs. | Yrs. | | | |
| | To | Mos. | Mos. | | | |
| | From | Yrs. | Yrs. | | | |
| | To | Mos. | Mos. | | | |
| | From | Yrs. | Yrs. | | | |
| | To | Mos. | Mos. | | | |

*If part-time work is noted, state average number of hours per week. ** If "other" kinds of work are noted, describe.

Name in Full

D. Affidavit and Notarization

I swear that neither I nor a firm, association, corporation or partnership, which I am affiliated with, have performed or contracted to perform architectural services of any kind prior to the Board of Governors of the Licensed Architects, Landscape Architects and Registered Interior Designers of Oklahoma issuing a license to practice landscape architecture within the state of Oklahoma and where applicable, a certificate of authority to the firm, association, corporation or partnership. The undersigned, being duly sworn upon his/her oath deposes and says that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect.

Signature of applicant

In the event you can not truthfully sign the statement above, attach an explanation and describe the services performed in detail.

State of:

County of:

I, _____
a Notary Public in and for said County, in the State
aforesaid, DO HEREBY CERTIFY that

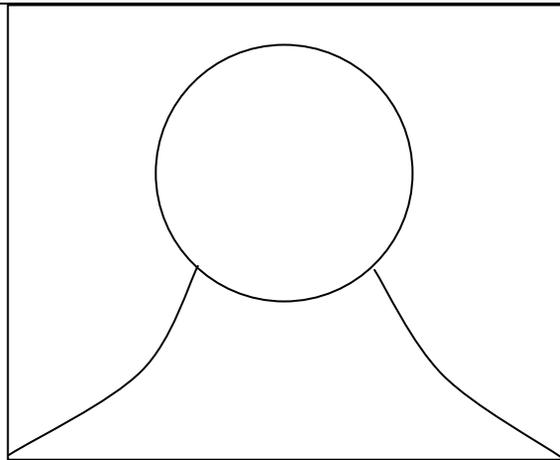
Personally know to me to be the same person whose
name is subscribed to the foregoing instrument,
appeared before me this day in person, and
acknowledge that they signed, sealed and delivered
the said instrument as their free and voluntary act, for
the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND NOTARIAL SEAL
THIS DAY OF , 20

NOTARY PUBLIC

MY COMMISSION EXPIRES

NOTARIAL SEAL



Affix Photo Here
Bust Only
Approximately 2 1/8 X 2 3/4"

Board of Governor of The Licensed Architects, Landscape Architects and Interior Designers
 220 NE 28th St., Suite 150, OKC, OK 73105

Name _____ Date _____

Applicant's Current Address _____

Is/Was Employed with the Firm of _____

Address of Firm _____

Which Rendered those Services Indicated by an "X"
 Architecture Planning Furnishing Equipment or Fixtures
 Engineering Construction Construction Management
 Landscape Architecture Other (Explain on Separate Sheet)
 Position of Supervisor Registered Architect Landscape Architect Registered Engineer or Planner
 Other If Other, Please Explain _____

| Dates of Employment | | | | | | Length of Time | | | Check Appropriate Experiences in Hours | | | | | | | | | | | | | |
|---------------------|-------|------|-----|-------|------|----------------|--|--|--|-----------------|----------------------------------|-----------------|------------------|-----------------|---------------|--------------------|--------------------|--------------------|---------------------|---------------------------|-------------------|--|
| | | | | | | Full Time ✓ | Part Time (Less than 35 Hrs/Wk) ✓ Hrs/Wk | | In the Position Of | | General Practice of Architecture | | | | | | | | | | | |
| From | | | To | | | | | | Employee | Other (Explain) | Programming-Client Contact | Site & Environ. | Schematic Design | Cost Estimating | Code Research | Design Development | Documents Checking | Bidding & Contract | Contr. Phase-Office | Constr. Phase-Observation | Office Procedures | |
| Day | Month | Year | Day | Month | Year | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |

Applicant's Authorization and Release – This release must be signed before sending this form to Employer.
 I hereby authorize the Board of Governors of the Licensed Architects and Landscape Architects of Oklahoma to make inquiries of the person listed as a reference on this form with respect to my background and character. I invite full and complete response to all inquiries. I release the reference from any and all claims, including claims for libel and slander, which may arise out of the communication of any information to the Board of Governors of the Licensed Architects and Landscape Architects of Oklahoma by the reference.

Signed _____ Date _____

Applicant Complete Above this Line

The above person has made application to this Board for a license to practice landscape architecture in the State of Oklahoma. He has given your name as a reference and as one who knows his work, ability, reputation and personal character.
 We request your assistance in completing this form, with sincere and conscientious consideration of the need for objective appraisal of the applicant's ability and his potential to practice landscape architecture.

- A. The dates of Employment as shown above are correct. Yes No If no, please clarify
- B. The applicant worked under the direct supervision of individuals indicated. Yes No If no, please clarify
- C. The experiences checked by the applicant for the dates of employment shown are correct. No If no, please clarify
- D. Please indicate, to the best of your knowledge, the applicant's ability in the experiences indicated above by placing an "X" in the appropriate spaces below. If "Unsatisfactory" box is checked please submit a letter of explanation with this form.

| Engineer or Planner | Excellent | Satisfactory | Marginal | Unsatisfactory | Not Qualified to Answer |
|---------------------|------------------------|--------------|----------|----------------|-------------------------|
| | Technical Competence | | | | |
| | Professional Integrity | | | | |

(Person supplying information above, please complete the following relative to yourself. Please type.)

Name of Person Completing this half form _____

Jurisdiction(s)/Dates(s) of Registration(s) and Type of Registration _____

Position in above firm _____

Name of Current Firm _____ Position in Current Firm _____

Signature _____ Date _____