

*MEMORANDUM*

TO: All Architectural Candidates

FROM: Leslie Hanska, Executive Director  
Oklahoma Board of Architects

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](http://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

## 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  US  Foreign Country of \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

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

By Examination  Duration of residency in State \_\_\_\_\_ Years \_\_\_\_\_ Months

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: \_\_\_\_\_

# The State of Oklahoma

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 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

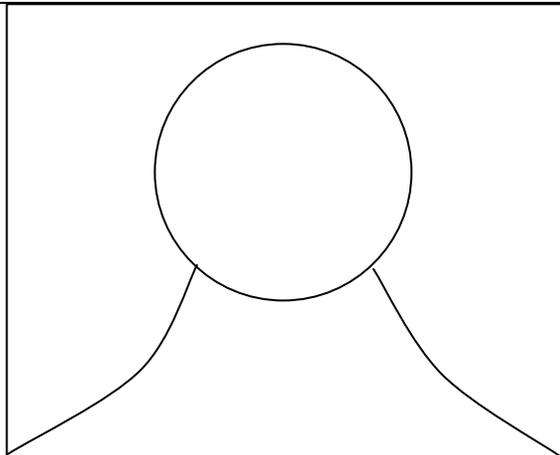
\_\_\_\_\_  
Personally know to me to be the same person whose  
name is subscribed to the foregoing instrument,  
appeared before me this day in person, and  
acknowledge that they signed, sealed and delivered  
the said instrument as their free and voluntary act, for  
the uses and purposes therein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