

**BOARD OF GOVERNORS OF THE LICENSED ARCHITECTS
LANDSCAPE ARCHITECTS AND REGISTERED INTERIOR DESIGNERS OF OKLAHOMA**
220 NE 28th Street, Suite 150 Oklahoma City, OK 73105
PHONE (405) 949-2383

Address Correction Requested

Full Name: _____
Address: _____

License #: _____

**ARCHITECT / LANDSCAPE ARCHITECT LICENSE RENEWAL
REINSTATEMENT APPLICATION**

Reinstatement fee for a two-year period ending June 30, 2021

19/21 Renewal fee	\$325.00
19/21 Late/Reinstatement fee	\$225.00
Total	\$550.00

MAKE CHECKS PAYABLE TO OKLAHOMA BOARD OF ARCHITECTS. Your license practice in the State of Oklahoma will remain cancelled until your reinstatement application and fee payment are processed. You are required to complete the following information to reinstate. **READ CAREFULLY!**

1. Firm Name: (if not applicable skip to #4

2. Your **LEGAL** position in the firm: [Check one]

- General Partner
- Director
- Partner
- Officer
- Principal
- Shareholder
- Manager [applies to LLC]
- Member [applies to LLC]
- Employee

3. **YES** **NO** Do you contract using the firm name in Oklahoma?

4. **YES** **NO** Have you been investigated, charged, or disciplined **since 6/30/2017**, or are you currently under investigation by **any** governing or licensing board or by **any** state or federal agency? If yes, submit details.

5. **YES** **NO** Have you been charged, arrested, convicted, found guilty or pleaded nolo contendere to any criminal offense **in any state since 6/30/2017** (excluding non-criminal traffic infractions)? If yes, submit details.

6. **YES** **NO** I am currently licensed and in good standing in (state) _____

7. CONTINUING EDUCATION:

I certify and affirm that I have participated in the continuing education activities as submitted during the period July 1, 2017 to June 30, 2019. **[Complete separate CEU form & must include copies of certificates or attach AIA transcript]**

I certify and affirm that I did not meet the required time period for CEU credit, however, have since completed the hours above and am submitting the appropriate \$1000 fine. **[Complete separate CEU form & must include copies of certificates or attach AIA transcript]**

I certify and affirm that I am exempt from the continuing education for the following reason (55:10-17-5): [Check one]

- First Time Licensee**
- Active Duty Military Duty Personnel
- Hardship Status (attach letter)
- Retired from active practice (Emeritus)

8. Email address: (This will be a public record.)

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

[Licensee Signature]

[Date]