



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS AND INTERIOR DESIGNERS

INDIVIDUAL LICENSE APPLICATION

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
CRIMINAL BACKGROUND DISCLOSURE			
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>			
1. Have you ever been convicted by any court of any crime? (circle one) NO YES			
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.			
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES			
If yes, enclose a detailed explanation and copies of all documents.			
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional & Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE		DATE	

APPLICATION FOR LICENSURE AS AN ARCHITECT

Office Use Only: 1446—\$50 2619—\$21.00 1421 - \$70.00

CHECK ONE	TYPE OF APPLICATION	APPLICATION FEE	LICENSE FEE	CRIMINAL HISTORY	TOTAL FEES DUE
	EXAM (ARE)(LARE)	\$50	\$70	\$21	\$141
	RECIPROCITY	\$50	\$70	\$21	\$141
	NCARB*	\$50	\$70	\$21	\$141
	REINSTATEMENT OF LAPSED LICENSE (UP TO 2 YEARS)	SEE INSTRUCTIONS FOR FEE SCHEDULE	_____	_____	_____

Office Use Only Check # _____ Amount: _____ Cash # _____ Lic. # _____ Issue Date _____ Exp. Date _____
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PAYMENT OPTIONS:			
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	the following amount: \$ _____	
<input type="checkbox"/> I UNDERSTAND THAT FEES ARE NON-REFUNDABLE			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
SIGNATURE		DATE	

- THIS SECTION FOR NON-NCARB APPLICATIONS ONLY -

PRACTICAL EXPERIENCE

This section to be used to verify qualification for licensure when the applicant does not have an NCARB certification or an IDP record. In addition to completing this chart, the applicant must also provide a signed employment verification form for each employer listed.

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

Each employer noted must also sign an experience verification form.

Full Name & Complete Address of Supervisors of work experience	Dates of Employment Give Month & Year	Total Time Employed		General Practice	Teaching & Research	Public Service	Other—Explain*
		Part* Time	Full Time				
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						

**MAINE BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS &
INTERIOR DESIGNERS**

ARCHITECTURAL EXPERIENCE FORM
(FOR NON-NCARB APPLICANTS ONLY)

Complete one of these forms for each employer and indicate the number of practical experience hours obtained during that time. Both you and your supervisor must sign the form.

****PLEASE PRINT LEGIBLY****

Applicant's Name: _____

Name of Company: _____

Address: of Company: _____

Supervisor's Name: _____ Phone #: (____) _____

Supervisor's Lic #: _____ State: _____ Type of License: _____
(If Applicable)

Applicant's Dates of Employment: from: ___/___/___ to: ___/___/___ Hours per Week: _____

To complete this form, please reference Appendix D of NCARB's Intern Development Program Guidelines April 2012, pp. 21-31, available on the board's web site: www.maine.gov/professionallicensing under applications and forms.

CATEGORY 1: Pre-Design

(HOURS CLAIMED IN THIS CATEGORY MUST BE AT LEAST 5% OF OVERALL EXPERIENCE)

Experience Area	# of Hours
Programming	
Site & Building Analysis	
Project Cost	
Planning & Zoning	
Category 1 - Total	

CATEGORY 3: Project Management

(HOURS CLAIMED IN THIS CATEGORY MUST BE AT LEAST 13 % OF OVERALL EXPERIENCE)

Experience Area	# of Hours
Bidding & Contract Negotiation	
Construction Administration	
Construction Phase Observation	
General Project Management	
Category 3 - Total	

CATEGORY 2: Design

(HOURS CLAIMED IN THIS CATEGORY MUST BE AT LEAST 46% OF OVERALL EXPERIENCE)

Experience Area	# of Hours
Schematic Design	
Engineering Systems	
Construction Cost	
Codes & Regulations	
Design Development	
Construction Documents	
Material Selection and Specification	
Category 2 - Total	

CATEGORY 4: Practice Management

(HOURS CLAIMED IN THIS CATEGORY MUST BE AT LEAST 1.5% OF OVERALL EXPERIENCE)

Experience Area	# of Hours
Business Operations	
Category 4 - Total	

CATEGORY 5: Supplemental Experience

(HOURS CLAIMED IN THIS CATEGORY MAY NOT EXCEED 34.5% OF OVERALL EXPERIENCE)

Experience Description	# of Hours
Category 5 - Total	

TOTAL HRS FOR ALL CATEGORIES (1+2+3+4+5)	
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Architectural Experience Form

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Applicant's Name: _____

INDICATE, TO THE BEST OF YOUR KNOWLEDGE, THE APPLICANT'S ABILITY BY PLACING AN "X" IN THE APPROPRIATE BOX BELOW. IF THE UNSATISFACTORY BOX IS CHECKED FOR TECHNICAL COMPETENCE OR PROFESSIONAL CONDUCT, PLEASE ATTACH A LETTER OF EXPLANATION.

Technical Competence: Excellent Satisfactory Unsatisfactory Not Exposed

Professional/Ethical Conduct: Excellent Satisfactory Unsatisfactory Not Exposed

Practical experience hours were acquired under:

- 1. The direct supervision of an experienced architect(s) engaged in the practice of architecture as a profession.
- 2. The direct supervision of an experienced architect(s) engaged in the practice of engineering as a profession.
- 3. Other - _____

For purposes of this subsection, "direct supervision" means supervision through personal contact or through a mix of personal contact and remote communication (e.g. e-mail, online markups, webinars, internet) such that the supervisor has control over the work of the supervisee and has sufficient professional knowledge of the supervised work so that the supervisor can determine that the supervisee understands and is performing his or her work experience within the professional standard of care.

Services Rendered by the Company: Architecture Engineering Planning Other: _____
 Interior Design Construction Management Real Estate Development

I concur that the hours and type of experience reported for this time period are accurate.

Applicant Signature _____ Date Signed: _____

Supervisor's Signature _____ Date Signed: _____

Mail To:

Maine Board of Architects, Landscape Architects & Interior Designers
35 State House Station
Augusta, ME 04333

**APPLICATION FOR ARCHITECT LICENSE
VIA RECIPROCITY WITH ANOTHER STATE
(NON-NCARB)**

Applicant is a current/active licensee of another state who does not hold a current/active NCARB certification.

1. Review Board Rules Chapter 12 to determine which pathway to licensure you qualify for.
 - a. The number of years of experience to be verified varies depending upon whether you have a degree, OR the type of degree you have
1. Complete the State of Maine Application Form pages 1 and 2
2. Complete an Architectural Experience Verification Form for each employer signed by supervisor who is a licensed architect
 - a. Enter the experience in hours and make sure you “do the math” in each of the categories
3. Submit College Transcripts (if applicable)
4. Submit Verification of Current/Active License
 - a. This is NOT a copy of your license; contact your licensing Board
5. Submit Verification of passage of the Architectural Registration Exam (ARE)
 - a. Call the licensing Board with whom you took the exam
6. Enclose a check for the \$141 Non-Refundable Application Fee (payable to “Treasurer State of Maine”) and mail via regular U.S. Mail to:

MAINE BD OF ARC, LARC & CIDs
35 STATE HOUSE STATION
AUGUSTA, ME 04333

Upon receipt and verification of all of the items listed above, the Maine Board will mail you a license via regular U.S. Mail usually within a couple of weeks unless there is a problem. If we are missing something we will contact you.

If the application is denied, the applicant will be notified in writing of deficiencies and has 30 days to appeal.

All licenses renew annually on June 30th.

**APPLICATION FOR ARCHITECT LICENSE
VIA RECIPROCITY WITH NCARB CERTIFICATION**

Applicant is a current/active licensee of another state and maintains a current/active NCARB certification.

STEPS TO APPLY VIA NCARB:

1. Call or email NCARB to request a transmittal of your records to Maine
2. Download and complete page 1 of the State of Maine Application
3. Enclose a \$141 Non-Refundable Application Fee (payable to “Treasurer State of Maine”) and mail via regular U.S. Mail to:

MAINE BD OF ARC, LARC & CIDs
35 STATE HOUSE STATION
AUGUSTA, ME 04333

Upon receipt and verification of all of the items listed above, the Maine Board will mail you a license via regular U.S. Mail usually within a couple of weeks unless there is a problem. If we are missing something we will contact you.

If the application is denied, the applicant will be notified in writing of deficiencies and has 30 days to appeal.

All licenses renew annually on June 30th.

**APPLICATION TO TAKE THE
ARCHITECT REGISTRATION EXAM (ARE)**

****Please see Board Rules Chapter 12 for detailed requirements to qualify to sit for the ARE****

FOR NCARB IDP CANDIDATES

An application file shall consist of:

1. State of Maine Application Form page 1
2. A check payable to "Treasurer State of Maine" in the amount of \$141.00 (non-refundable)
3. An original council record from National Council of Architectural Registration Boards (NCARB) indicating that the applicant has completed the current requirements of the Intern Development Program (IDP) or equivalent as described under Maine board rules.

FOR NON-NCARB IDP CANDIDATES

2. Review Board Rules Chapter 12 to determine which pathway to licensure you qualify for.
 - a. The number of years of experience to be verified varies depending upon whether you have a degree, OR the type of degree you have
3. Complete the State of Maine Application Form pages 1 and 2
4. Complete an Architectural Experience Verification Form for each employer signed by supervisor who is a licensed architect (2 pages which are pages 3 and 4 of the application packet)
 - a. Enter the experience in hours and make sure you "do the math" in each of the categories
5. Submit College Transcripts (if applicable)
6. Enclose a check for the \$141 Non-Refundable Application Fee (payable to "Treasurer State of Maine") and mail via regular U.S. Mail to:

MAINE BD OF ARC, LARC & CIDs
35 STATE HOUSE STATION
AUGUSTA, ME 04333

Upon receipt of a complete application, the Board reviews the education and experience documentation and determines eligibility to sit for the ARE. If approved the Board Clerk will forward testing information to the testing company and notify applicant of approval. All other testing information will come from the testing company. If the application is denied, the applicant will be notified in writing of deficiencies and has 30 days to appeal.

**APPLICATION FOR REINSTATEMENT OF
AN ARCHITECT LICENSE
WHICH HAS LAPSED MORE THAN 90 DAYS
BEYOND THE EXPIRATION DATE**

Licensees whose licenses have lapsed beyond 90 days after the expiration date but within two years of the expiration date may request reinstatement by contacting the board for a paper renewal and submitting an official request for reinstatement along with the appropriate fee indicated below:

Reinstatement fee:	\$ 50.00	This is a one time fee.
Back Renewal fees:	\$ 70.00	For each year beyond the expiration date.
Back Late fees:	\$ 50.00	For each year beyond the expiration date.

OR

Licensees whose licenses have lapsed beyond two years after the expiration date must re-apply as a new applicant via NCARB **or** via direct reciprocity with another state. All steps will be the same as noted previously for new applicants except a licensee may also be subject to disciplinary action from the Board if it becomes evident there has been unlicensed practice.

Mailing Address: 35 State House Station, Augusta, Maine 04333

Courier/Delivery address: 76 Northern Avenue, Gardiner, Maine 04345

Phone: (207) 624-8603 TTY users call Maine Relay 711 Fax: (207) 624-8637 www.maine.gov/professionallicensing

Frequently Asked Questions:

Where do I send my application? Our mailing address is 35 State House Station, Augusta, Maine 04333-0035

Where are you physically located? 76 Northern Avenue, Gardiner, Maine.

What hours are you open? 8:00 AM to 5:00 PM weekdays.

Can I come to Gardiner to drop off my application? Yes. You will not leave with a license, though.

Can I come to Gardiner to pick up my license? No. Your license will be mailed to you.

How long does it take to process an application? Usually just a few days. You can check the status of your application at our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE, you are authorized to practice.

How far back do I go answering the criminal question? Any conviction, ever.

Is an NCARB certification required for a reciprocal license? No, but it is the fastest way to become licensed. NCARB applications (assuming there are no deficiencies) can be completed within a couple of weeks.

Can an architect without an NCARB/CLARB certificate obtain a reciprocal license? Yes. The applicant must provide extensive verification of all education and experience which will be evaluated by the board.

How long does it take to approve a reciprocal license? It's usually pretty quick but could take several weeks depending on how and when the documentation is submitted.

Does Maine license companies? No.

Does Maine have a continuing education requirement for renewal? No.

Is there a charge to send my registration history and/or exam scores to another state for a reciprocal license or to NCARB for certification? Yes, the fee is \$25.

Before you seal the envelope, did you:

Complete every item on the application (incomplete applications may be returned)

Answer the criminal background disclosure questions

Sign and date your application

Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)

Include any required transcripts or exam results

Make a copy of your application to keep for your records

DO NOT SEND CASH.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.