



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF LICENSING AND REGISTRATION  
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                 |             |
| <b>CRIMINAL BACKGROUND DISCLOSURE</b>   |                       |                        |             |
| <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) <b>NO</b> <b>YES</b>  |                       |                        |             |
| 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) <b>NO</b> <b>YES</b>   |                       |                        |             |
| 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 Licensing and Registration 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. |                       |                        |             |
| <b>SIGNATURE</b>  |                       | <b>DATE</b>            |             |

**BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS AND INTERIOR DESIGNERS  
APPLICATION FOR LICENSURE AS A CERTIFIED INTERIOR DESIGNER**

| <b>LICENSE TYPE:</b> <input type="checkbox"/> ARCHITECT<br><input type="checkbox"/> LANDSCAPE ARCHITECT<br><input type="checkbox"/> INTERIOR DESIGNER |   |                                   |                  |            |
|---|---|-----------------------------------|------------------|------------|
| CHECK ONE   | TYPE OF APPLICATION                             | FEE                               | CRIMINAL HISTORY | TOTAL FEES |
|   | EXAM (ARE)(LARE)                                | \$100                             | \$21             | \$121      |
|   | RECIPROCITY                                     | \$100                             | \$21             | \$121      |
|   | NCARB*  | \$100                             | \$21             | \$121      |
|   | CLARB**   | \$100                             | \$21             | \$121      |
|   | NCIDQ***  | \$100                             | \$21             | \$121      |
|   | REINSTATEMENT OF LAPSED LICENSE (UP TO 2 YEARS) | SEE INSTRUCTIONS FOR FEE SCHEDULE | _____            | _____      |

Office Use Only:  
1446—\$100  
2619—\$21.00

Office Use Only  
Check # \_\_\_\_\_  
Amount: \_\_\_\_\_  
Cash # \_\_\_\_\_  
Lic. # \_\_\_\_\_  
Issue Date \_\_\_\_\_

|  |                                     |                                |                  |
|--|-------------------------------------|--------------------------------|------------------|
| <b>PAYMENT OPTIONS:</b>  |                                     |                                |                  |
| 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 Licensing and Registration to charge my |                                     |                                |                  |
| <input type="checkbox"/> VISA  | <input type="checkbox"/> MASTERCARD | the following amount: \$ _____ |                  |
| Card number:   | <i>XXXX-XXXX-XXXX-XXXX</i>          | Expiration Date                | <i>mm / yyyy</i> |
| <b>SIGNATURE</b>   | <b>DATE</b>                         |                                |                  |

NAME: \_\_\_\_\_

**THIS SECTION FOR NON-NCARB APPLICATIONS ONLY -**

**EDUCATION**

Please have an official copy of your college transcript(s) forwarded to this office

**EXPERIENCE**

Please complete an experience verification form for each employer with whom you have gained your professional experience.

**EXAM**

Please list the state with which you took the national exam: \_\_\_\_\_  
(ARE, LARE, NCIDQ)

Please provide an original verification of exam from that state.

**LICENSURE**

Please list the state with which you are currently licensed AND enclose an original verification of current licensure from that state. \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND SIGNATURE**

*Read the statement below and sign where indicated as your certification of the information provided on this application.*

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.

I will not perform or contract for any architectural services in the state of Maine until such time as this application is approved and a license has been granted to me by the Maine Board.

By submitting this application I understand that the Maine Board of Architects, Landscape Architects and Interior Designers will rely upon this information for issuance of my license and that this information is truthful and factual.

I further understand that sanctions may be imposed, including denial, suspension or revocation of my license if this information is found to be false.

**Applicant's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **HOW TO BECOME LICENSED AS AN INTERIOR DESIGNER IN THE STATE OF MAINE**

The certification of Interior Designers is a title law in this state. Anyone may provide interior design services, however, only persons so certified by this Board may use the title “Certified Interior Designer” or “Licensed Interior Designer”.

Applicants for certification must successfully complete the examination administered by the National Council of Interior Design Qualification (NCIDQ). To qualify for the examination applicants must meet the following education and training requirements as set forth below. NCIDQ may be contacted on the internet [www.ncidq.org](http://www.ncidq.org) or by phone (202) 721-0220.

Once the exam has been completed an application for certification shall consist of:

State of Maine Application

\$121 Application Fee (make checks payable to “Treasurer State of Maine”)

NCIDQ record (you must tell NCIDQ to send us your entire record, not just the exam score)

Evidence of Current Standing in another state (if applicable)

**APPLICATION FOR REINSTATEMENT OF  
A CERTIFIED INTERIOR DESIGNER LICENSE  
WHICH HAS LAPSED MORE THAN 90 DAYS  
BEYOND THE EXPIRATION DATE**

Licensees whose licenses have lapsed beyond 90 days after the expiration date must re-apply as a new applicant via NCIDQ **OR** via direct reciprocity with another state. All steps will be the same as noted previously for new applicants except for the fee schedule which is as follows:

|                    |          |   |
|--------------------|----------|---|
| Reinstatement fee: | \$100.00 | This is a one time fee.                   |
| Back Renewal fees: | \$100.00 | For each year beyond the expiration date. |
| Back Late fees:    | \$ 50.00 | For each year beyond the expiration date. |

### Frequently Asked Questions:

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

**Where are you 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?** You can check our website:

[www.maine.gov/professionallicensing](http://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.

**Do I need a college degree to become licensed as a certified interior designer in Maine?** Yes, Maine requires interior design applicants to have a four or a five year CIDA accredited degree in

### 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 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). 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.

### 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.