

**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	FIRST	MIDDLE INITIAL	LAST
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	mm / dd / yyyy	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ( )	FAX # ( )	E-MAIL	
<b>DISCIPLINARY ACTION DISCLOSURE</b>			
<i>NOTE: Failure to disclose disciplinary action may result in denial, fines, suspension and/or revocation of a license.</i>			
<b>1. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)</b>			
		<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 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.			
<b>SIGNATURE</b>		<b>DATE</b>	

**APPLICATION FOR LICENSURE AS AN ARCHITECT**

CHECK ONE	TYPE OF APPLICATION	APPLICATION FEE	LICENSE FEE	CRIMINAL HISTORY	TOTAL FEES DUE
	EXAM (ARE)	\$50	-	-	\$ 50
	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:  
 1446—\$50.00  
 2619—\$21.00  
 1421 - \$70.00

Office Use Only  
 Check # \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Cash # \_\_\_\_\_  
 Lic. # \_\_\_\_\_  
 Issue Date \_\_\_\_\_  
 Exp. 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)	FIRST MIDDLE INITIAL LAST
MAILING ADDRESS OF CARDHOLDER (please print)	
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: XXXX-XXXX-XXXX-XXXX	Expiration Date mm / yyyy
<b>SIGNATURE</b>	<b>DATE</b>

# MAINE BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS & INTERIOR DESIGNERS

## ARCHITECTURAL EXPERIENCE

### FORM

(FOR NON-NCARB APPLICANTS  
ONLY)

COMPLETE ONE OF THESE FORMS FOR EACH EMPLOYER. CHECK OFF THE EXPERIENCE TASKS IN EACH CATEGORY AND INDICATE THE NUMBER OF EXPERIENCE HOURS OBTAINED DURING WITH THAT EMPLOYER .

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: \_\_\_\_\_

*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.*

**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: \_\_\_\_\_

<u>Practice Management Experience Areas</u>	Must be at least 4% of total hours	Hours Obtained: _____
<input type="checkbox"/> Adhere to ethical standards and codes of professional conduct	<input type="checkbox"/> Participate in professional development activities that offer exchanges with other design professionals	
<input type="checkbox"/> Develop professional and leadership skills within firm	<input type="checkbox"/> Prepare marketing documents that accurately communicate firm's experience and capabilities	
<input type="checkbox"/> Comply with laws and regulations governing the practice of architecture	<input type="checkbox"/> Understand implications of policies and procedures to ensure supervision of design work by architect in responsible charge/control	
<input type="checkbox"/> Prepare proposals for services in response to client requirements	<input type="checkbox"/> Establish procedures for documenting project decisions	
<input type="checkbox"/> Prepare final procurement and contract documents	<input type="checkbox"/> Maintain positive work environment within firm that facilitates cooperation, teamwork, and staff morale	
<input type="checkbox"/> Participate in community activities that may provide opportunities or design of facilities that reflect community	<input type="checkbox"/> Develop procedures for responding to changes in project scope	
<input type="checkbox"/> Understand implications of project delivery technologies	<input type="checkbox"/> Develop and maintain effective and productive relationships with clients	
<input type="checkbox"/> Develop procedures for responding to contractor requests (Requests for Information)	<input type="checkbox"/> Establish procedures to process documentation during contract administration	

<b><u>Project Management Experience Areas</u></b>	<b>Must be at least 10% of total hours</b>	<b>Hours Obtained:_____</b>
<input type="checkbox"/> Participate in pre-construction, pre-installation, and regular progress meetings with design team	<input type="checkbox"/> Identify changes in project scope that require additional services	
<input type="checkbox"/> Determine design fee budget	<input type="checkbox"/> Manage modifications to the construction contract	
<input type="checkbox"/> Coordinate design work of consultants	<input type="checkbox"/> Manage information exchange during construction	
<input type="checkbox"/> Collaborate with stakeholders during design process to maintain design intent and comply with owner specifications	<input type="checkbox"/> Perform constructability reviews throughout the design process	
<input type="checkbox"/> Determine project schedule	<input type="checkbox"/> Perform quality control reviews throughout the documentation process	
<input type="checkbox"/> Coordinate design work of in-house team members	<input type="checkbox"/> Define roles and responsibilities of team members	
<input type="checkbox"/> Understand implications of project delivery methods	<input type="checkbox"/> Determine scope of services	
<input type="checkbox"/> Prepare Architect-Consultant Agreement	<input type="checkbox"/> Manage project-specific bidding process	
<input type="checkbox"/> Prepare written communications related to design ideas, project documentation, and contracts	<input type="checkbox"/> Monitor performance of design team consultants	
<input type="checkbox"/> Assist client in determining delivery method for construction of project	<input type="checkbox"/> Evaluate appropriateness of building information modeling (BIM) for proposed project	
<input type="checkbox"/> Maintain compliance with established milestones	<input type="checkbox"/> Present design concept to stakeholders	
<input type="checkbox"/> Prepare Owner-Architect Agreement	<input type="checkbox"/> Submit schedule of Architect's services to Owner for each phase	
<input type="checkbox"/> Assist Owner in obtaining necessary permits and approvals	<input type="checkbox"/> Resolve conflicts that may arise during design and construction process	
<input type="checkbox"/> Perform constructability review to determine buildability, bid ability, and construction sequencing of proposed project	<input type="checkbox"/> Prepare staffing plan to meet project goals	
<input type="checkbox"/> Conduct periodic progress meetings with design and project team	<input type="checkbox"/> Manage implementation of sustainability criteria	
<input type="checkbox"/> Establish methods for Architect-Client communication based on project scope of work	<input type="checkbox"/> Assist client in selecting contractors	

<b><u>Construction &amp; Evaluation Experience Areas</u></b>	<b>Must be at least 10% of total hours</b>	<b>Hours Obtained:_____</b>
<input type="checkbox"/> Review shop drawings and submittals during construction for conformance with design intent	<input type="checkbox"/> Review results from field reports, third-party inspections, and other test results for conformance with contract documents	
<input type="checkbox"/> Respond to Contractor Requests for Information	<input type="checkbox"/> Review Application and Certificate for Payment	
<input type="checkbox"/> Complete field reports to document field observations from construction site visit	<input type="checkbox"/> Manage project close-out procedures and documentation	

<b><u>Project Development &amp; Documentation Experience Areas</u></b>	<b>Must be at least 40% of total hours</b>	<b>Hours Obtained:_____</b>
<input type="checkbox"/> Communicate design ideas to the client graphically	<input type="checkbox"/> Communicate design ideas to the client using hand drawings	
<input type="checkbox"/> Prepare submittals for regulatory approval	<input type="checkbox"/> Communicate design ideas to client with three-dimensional (3-D) computer aided design software	
<input type="checkbox"/> Communicate design ideas to client with two-dimensional (2-D) computer aided design software	<input type="checkbox"/> Update Cost of Work estimates	
<input type="checkbox"/> Select furniture, fixtures, and equipment that meet client's design requirements and needs		

<b><u>Programming &amp; Analysis Experience Areas</u></b>	<b>Must be at least 7% of total hours</b>	<b>Hours Obtained:_____</b>
<input type="checkbox"/> Determine impact of applicable zoning and development ordinances to determine project constraints	<input type="checkbox"/> Consider recommendations from geotechnical studies when establishing design parameters	
<input type="checkbox"/> Gather information about community concerns and issues that may impact proposed project	<input type="checkbox"/> Assist owner in preparing building program including list of spaces and their characteristics	
<input type="checkbox"/> Analyze existing site conditions to determine impact on facility layout	<input type="checkbox"/> Develop conceptual budget	
<input type="checkbox"/> Evaluate results of feasibility studies to determine project's financial viability	<input type="checkbox"/> Gather information about client's vision, goals, budget, and schedule to validate project scope and program	
<input type="checkbox"/> Determine impact of environmental, zoning, and other regulations on site	<input type="checkbox"/> Evaluate opportunities and constraints of alternative sites	
<input type="checkbox"/> Establish sustainability goals affecting building performance	<input type="checkbox"/> Assess environmental impact to formulate design decisions	
<input type="checkbox"/> Prepare diagrams illustrating spatial relationships and functional adjacencies	<input type="checkbox"/> Determine impact of existing transportation infrastructure on site	
<input type="checkbox"/> Establish project design goals	<input type="checkbox"/> Consider results of environmental studies when developing site alternatives	
<input type="checkbox"/> Prepare site analysis diagrams to document existing conditions, features, infrastructure, and regulatory requirements	<input type="checkbox"/> Review legal documents related to site to determine project constraints	

<b><u>Project Planning &amp; Design Experience Areas</u></b>	<b>Must be at least 29% of total hours</b>	<b>Hours Obtained:_____</b>
<input type="checkbox"/> Perform building code analysis	<input type="checkbox"/> Evaluate results of feasibility studies to determine project's technical viability	
<input type="checkbox"/> Develop sustainability goals based on existing environmental conditions	<input type="checkbox"/> Review local, state, and federal codes for changes that may impact design and construction	
<input type="checkbox"/> Prepare code analysis documentation	<input type="checkbox"/> Prepare Cost of Work estimates	
<input type="checkbox"/> Define requirements for site survey based on established project scope	<input type="checkbox"/> Determine impact of existing utilities infrastructure on site	
<input type="checkbox"/> Select materials, finishes, and systems based on technical properties and aesthetic requirements	<input type="checkbox"/> Apply principles of historic preservation for projects involving building restoration or renovation	
<input type="checkbox"/> Determine design parameters for building engineering systems	<input type="checkbox"/> Understand implications of evolving sustainable design strategies and technologies	
<input type="checkbox"/> Prepare design alternatives for client review	<input type="checkbox"/> Design landscape elements for site	
<input type="checkbox"/> Present design ideas to client orally	<input type="checkbox"/> Develop mitigation options to address adverse site conditions	
<input type="checkbox"/> Oversee design integration of building components and systems		

**TOTAL HOURS OBTAINED WITH THIS SUPERVISOR: \_\_\_\_\_**

- Please check your math.
- Total hours should reflect full-time work per year of required experience.  
E.G. 9 years of full-time experience would be:  
40 hours/week X 50 weeks/year X 9 years = 18,000 of verified experience hours.
- Hours may be divided among more than one supervisor.
- All supervisors must be licensed architects.
- Each category has a minimum number or required hours.

**-INSTRUCTIONS-  
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 page 1
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 email you a PDF of your license. If we are missing something from the application 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 30<sup>th</sup>.

**-INSTRUCTIONS-  
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 email you a PDF of your license. 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 30<sup>th</sup>.

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

**\*\*Please see Board Rules Chapter 12 for detailed requirements to qualify for licensure in Maine\*\***

**FOR ALL CANDIDATES WISHING TO SIT FOR THE ARCHITECTURAL REGISTRATON EXAM**

Please submit the following:

1. State of Maine Exam Application
2. A check payable to "Treasurer State of Maine" in the amount of \$50.00 (non-refundable)

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

Upon receipt and review of the application, the Board Clerk will send you an email indicating the next steps required to begin sitting for the exam.

**-INSTRUCTIONS-  
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 through the on-line system ([www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)), or by contacting the board to request 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.

*STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION - OFFICE OF LICENSING & REGISTRATION*

**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](http://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](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 disciplinary action question?** Any discipline, 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 disciplinary action disclosure question

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.