



**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	
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 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.			
SIGNATURE		DATE	

**BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS AND INTERIOR DESIGNERS
APPLICATION FOR LICENSURE AS AN ARCHITECT**

LICENSE TYPE: <input type="checkbox"/> ARCHITECT <input type="checkbox"/> LANDSCAPE ARCHITECT <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
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Office Use Only Check # _____ Amount: _____ Cash # _____ Lic. # _____ Issue Date _____

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 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>	
SIGNATURE		DATE	

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:** _____

**MAINE BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS & INTERIOR
DESIGNERS
35 STATE HOUSE STATION
AUGUSTA, ME 04333**

ARCHITECTURAL EXPERIENCE VERIFICATION

Complete one of these forms for each 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:** _____

To complete this form, please reference Appendix D of NCARB's Intern Development Program Guidelines 2007-2008 available on the board's web site: www.maine.gov/professionallicensing under architects' applications and forms.

Indicate the number of practical experience hours obtained while working with this employer.

CATEGORY A: Design and Construction Documents <i>(HOURS CLAIMED IN THIS CATEGORY MUST BE AT LEAST 50% OF OVERALL EXPERIENCE)</i>	
Experience Area	Hours Accrued
1. Programming	
2. Site & Environment Analysis	
3. Schematic Design	
4. Engineering Systems Coordination	
5. Building Cost Analysis	
6. Code Research	
7. Design Development	
8. Construction Documents	
9. Specifications & Materials Research	
10. Documents Checking & Coordination	
11. Req'd Elective Hours	
Category A - Total	

CATEGORY B: Construction Contract Administration <i>(HOURS CLAIMED IN THIS CATEGORY MUST BE AT LEAST 10% OF OVERALL EXPERIENCE)</i>	
Experience Area	Hours Accrued
12. Bidding & Contract Negotiation	
13. Construction Phase-Office	
14. Construction Phase-Observation	
15. Req'd Elective Hours	
Category B - Total	

CATEGORY C: Management <i>(HOURS CLAIMED IN THIS CATEGORY MUST BE AT LEAST 5% OF OVERALL EXPERIENCE)</i>	
Experience Area	Hours Accrued
16. Project Management	
17. Office Management	
18. Req'd Elective Hours	
Category C - Total	

CATEGORY D: Related Activities <i>(HOURS CLAIMED IN THIS CATEGORY MUST BE AT LEAST 1% OF OVERALL EXPERIENCE)</i>	
Experience Area	Hours Accrued
19. Professional & Community Services	
Category D - Total	

TOTAL HRS FOR ALL CATEGORIES (A+B+C+D)	
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Record of Architectural Experience

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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 - _____

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

ARCHITECT LICENSING

Architects can become licensed by one of the following options:

- 1. Architect Registration Examination (ARE)**
- 2. Reciprocity with License in Another State**
- 3. Reciprocity with Current NCARB Record**
- 4. Reinstatement of a Lapsed License**

APPLICATION TO TAKE THE ARCHITECT REGISTRATION EXAM (ARE)

An application file shall consist of:

State of Maine Application Form

A check payable to "Treasurer State of Maine" in the amount of \$121.00 (non-refundable)

Council record from National Council of Architectural Registration boards (NCARB)
indicating that the applicant has met the current requirements of the Intern Development
Program (IDP) or equivalent as described under board rules.

Experience Verification Form

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 Coordinator 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 Board Coordinator will notify the applicant of deficiencies determined by the Board.

Exams are currently offered through Thomson/Prometric on a daily basis. Once applicant receives testing information from the testing company, exams may be scheduled with on a first come, first served basis.

Current rules state that the applicant must successfully complete the ARE within any five (5) year examination period or be subject to reapplication.

After Board Approval:

- ❖ Applicant Schedules for Examination with Testing Center
- ❖ Applicant Begins Testing for all Sections of Examination
- ❖ Board Coordinator Reports Scores & Maintains Record of Completed Sections
- ❖ When All Sections are Completed Applicant is Offered Licensure
- ❖ Candidate Required to Provide Copy of Seal with Assigned Number and \$100.00 License Fee
- ❖ Board Coordinator Receives License Fee with Evidence of Seal
- ❖ Board Coordinator Officially Activates License through Licensing System
- ❖ Renew License on June 30th Annually (\$100.00 renewal fee)

APPLICATION FOR ARCHITECT LICENSE VIA RECIPROCITY WITH ANOTHER STATE

Applicant is a current licensee of another state. An application file shall consist of:

State of Maine Application Form

A check payable to "Treasurer State of Maine" in the amount of \$121.00 (non-refundable)

Original College Transcripts

Experience Verification Form

Include an original evidence of Licensure - (Preferably from your original license state and includes exam scores. This should also indicate that the license is current.)

If Denied:

Applicant will be Notified in Writing of deficiencies and has 30 days to Appeal

If Approval Granted/Denied by the Board:

- ❖ Applicant Sent Approval Letter with \$100.00 License Fee and Seal Requirements
- ❖ Board Coordinator Receives License Fee with Evidence of Seal
- ❖ Board Coordinator Officially Activates License
- ❖ Renew License on June 30th Annually (\$100.00 renewal fee)
(Renewal notices usually go out in the end of April)

APPLICATION FOR ARCHITECT LICENSE VIA RECIPROCITY WITH NCARB RECORD

Applicant is a current licensee of another state. The applicant files application through the National Council of Architectural Registration Boards (NCARB). By utilizing NCARB the applicant is **not** required to appear before the Board for a personal interview.

STEPS TO APPLY VIA NCARB:

Call or email NCARB to request a transmittal of your records to Maine (make sure your file is current with them)

Download and complete the State of Maine Application

Enclose a \$121 Non-Refundable Application Fee
(payable to "Treasurer State of Maine")

and mail to:

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

Upon receipt of all of the items listed above, the Maine Board will:

- ❖ Send the Applicant an Approval Letter which specifies:
 - Seal Requirements and
 - Requests annual \$100.00 License Fee

- ❖ When the Board Receives License Fee with Evidence of Seal:
 - License Number is activated
 - License is printed and mailed (it can take up to 2 weeks to receive a license)

Licenses are renewed on June 30th Annually -\$100.00 renewal fee
(Renewal notices usually go out in the end of April)

**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 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 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.

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

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

Phone: (207) 624-8603 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 web: 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 could take several months depending on the documentation 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 \$10.

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.