

**STATE OF ALABAMA
BOARD FOR REGISTRATION OF ARCHITECTS
770 WASHINGTON AVENUE
MONTGOMERY, ALABAMA 36130-4450**

APPLICATION FOR REGISTRATION BY EXAMINATION

INSTRUCTIONS: Attach your \$10 application fee (payable to Alabama Board of Architects) and contact NCARB for transmittal of your completed IDP council record.

NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

NAME TO APPEAR ON CERTIFICATE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

E-MAIL ADDRESS: _____

GENDER: Male Female RACE: Caucasian African-American Other

CITIZENSHIP: _____ DAYTIME PHONE: _____

If foreign citizen, proof of visa status required with application.

Have you made application to any other state to take the exam? NO YES-Where? _____

Excluding minor traffic violations, have you ever been convicted of a crime? Yes No
If YES, provide details on a separate sheet.

Have you ever filed an application for architectural registration that has been denied in any jurisdiction? If YES, provide details on a separate sheet. Yes No

Have you ever been subject to disciplinary action, including entering into a consent or similar agreement, by any architectural registration board? If YES, provide details on a separate sheet. Yes No

I understand that providing false information on an application for registration may subject me to discipline by the Board, including denial of registration.

Signature: _____

Date: _____