

**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: _____ NCARB FILE NUMBER: _____
SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

NAME TO APPEAR ON CERTIFICATE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

E-MAIL ADDRESS: _____ DAYTIME PHONE: _____

GENDER: Male Female RACE: Caucasian African-American Other

CITIZENSHIP: I am a United States Citizen.
 I am an alien who is legally present in the United States.
 I am an alien outside the United States who is legally authorized to do business in the United States.

Have you made application to any other state to take the exam? Where?

Excluding minor traffic violations, have you ever been convicted of a crime?
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.

Have you ever been the subject of disciplinary action, including entering into a consent or similar agreement, by any architectural registration board? If YES, provide details on a separate sheet.

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: _____