

# MISSOURI INTERIOR DESIGN COUNCIL APPLICATION INSTRUCTIONS

This application package should contain the following:  
**BASIC (FOUR PAGE) APPLICATION, AUTHORIZATION AND RELEASE FORM, BUSINESS/EMPLOYMENT VERIFICATION FORM, AND INTERIOR DESIGN REFERENCE FORM**

## GENERAL

“Registered interior designer” a design professional who provides services including preparation of documents and specifications relative to nonload-bearing interior construction, furniture, finishes, fixtures and equipment and who meets the criteria of education, experience and examination as provided in sections 324.400 to 324.439.

“Council” is defined as the Missouri Interior Design Council.

“NCIDQ” is defined as the National Council for Interior Design Qualification.

“Diversified and appropriate” interior design experience shall mean experience that includes the practice of interior design for commercial or public spaces in no less than seven of the following areas: space planning; code research and analysis; client contact; programming; schematic design and design development; preparation of construction documents; cost estimating; selection of materials and furnishings; contract documents; bidding procedures; and construction observation.

All applicants for registration are required to complete a four page basic application. In addition, they must submit the supporting documents to verify education and experience.

All spaces of the application must be completed. If not applicable, please put N/A.

The application requires an **original** signature; copies are NOT acceptable. The application must be typewritten or printed in ink.

### **BEFORE SUBMITTING YOUR APPLICATION, MAKE CERTAIN YOU HAVE INCLUDED THE FOLLOWING:**

- Application (SIGNED AND NOTARIZED)
- Registration fee of \$50.00 - Made payable to the Missouri Interior Design Council (NOT REFUNDABLE)
- Official transcripts from accredited institutions
- Business/Employment Verification Form(s)
- Two (2) Client references in sealed envelopes
- Three (3) Industry references in sealed envelopes
- Authorization and Release Form (SIGNED AND NOTARIZED)

Follow the specific instructions herein and on the application form for completing each section.

## SECTION A – PERSONAL INFORMATION

Complete all spaces. If not applicable, please put N/A.

Provision of your Social Security Account number (SSN) is mandatory. §324.024 RSMo. We will not publicly disclose your SSN without your consent, unless such disclosure is permitted by federal law, federal regulation or state law. State law allows us to disclose your SSN in connection with any civil, criminal, administrative or arbitral proceeding, in an investigation in anticipation of litigation, pursuant to a court order, and in the performance of a statutory or constitutional duty or power; we can also disclose the SSN to another government agency (federal, state or local) and to a private person or entity acting on behalf of, or in cooperation with, a state entity. State law requires us to provide your SSN to child support and tax compliance officials.

If the name shown on your application is different than shown on any supporting documentation, you must submit proof of legal name change such as marriage license, divorce decree or court order.

## **SECTION B – CATEGORIES FOR REGISTRATION**

Check the box that indicates your application category.

NOTE: Persons applying under category 3 (reciprocity) must complete all sections of the application including references.

## **SECTION C – EXAMINATIONS**

The applicant shall contact the NCIDQ at:

1200 18th Street, NW  
Suite 1001  
Washington, D.C. 20036

Phone: (202) 721-0220  
Fax: (202) 721-0221  
E-mail: [ncidq@ncidq.org](mailto:ncidq@ncidq.org)

Instruct NCIDQ to verify exam passage and to send verification directly to the Missouri Interior Design Council, P.O. Box 1335, Jefferson City, Missouri 65102.

## **SECTION D – EDUCATION**

It is the responsibility of the applicant to obtain OFFICIAL transcripts from appropriate institutions of higher learning and submit them with this application. Xerox or photocopies will NOT be accepted.

## **SECTION E – RECORD OF LICENSING INFORMATION**

Complete all spaces. If not applicable, please put N/A.

If you are currently registered, licensed or certified within the profession in any jurisdiction, or are a registered architect in the State of Missouri, list all required information.

Registered architects in the State of Missouri must submit a current, original letter of good standing from the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors and Landscape Architects.

## **SECTION F – PERSONAL HISTORY**

All questions must be checked, either yes or no.

If applicant answers “YES” to questions 1 - 3, submit documentation requested.

If applicant answers “NO” to question 4, submit documentation requested.

## **SECTION G – PRACTICAL EXPERIENCE**

List the names and complete addresses of your current and previous employer(s) if the experience gained qualifies as “diversified and appropriate.”

Applicant must submit the enclosed Business/Employment Verification Forms to present and/or prior employers to verify years of “diversified and appropriate” interior design experience as required under the category selected in Section B. Applicant will complete Part I, and the employer will complete Parts II and III. Self-employed applicants will complete all sections of the verification form.

The verifications must be returned to the applicant in sealed envelopes with the employer’s signature across the seal.

Applicants may make copies of the Business/Employment Verification Form as needed.

The Council will not accept different reference forms (client, industry or business verification) from the same individual.

## **SECTION H – CLIENT REFERENCES**

List the names and complete addresses of two clients served by applicant while working for employers listed in Section F.

Applicant must submit the enclosed Interior Design Reference Form to each client listed in Section G. Applicant will check the appropriate box for client reference, and complete Part I. The client will complete Part II.

References must be returned to the applicant in sealed envelopes with the clients’ signature(s) across the seal.

Applicants may make copies of the Interior Design Reference Form as needed.

Client references will not be accepted from prior employers if the employer is providing a business/employment verification form.

The Council will not accept different reference forms (client, industry or business verification) from the same individual.

## **SECTION I – INDUSTRY REFERENCES**

List the names and addresses of three industry references utilized while working for employers listed in Section F.

Applicant must submit the enclosed Interior Design Reference Form to each reference listed in Section H. Applicant will check the appropriate box for industry reference, and complete Part I. The industry reference will complete Part II.

References must be returned to the applicant in sealed envelopes with the industry references' signature(s) across the seal.

Applicants may make copies of the Interior Design Reference Form as needed.

The Council will not accept different reference forms (client, industry or business verification) from the same individual.

## **SECTION J – AFFIDAVIT**

The affidavit must be signed in the presence of a notary. The Council will not consider any application that is not signed and notarized. The application fee shall be forfeited if the applicant fails to comply.

Securely attach a passport quality photograph at the location requested.

## **AUTHORIZATION AND RELEASE**

The authorization and release form must be signed in the presence of a notary. The Council will not consider any application in which the authorization and release form is not signed and notarized. The application fee shall be forfeited if the applicant fails to comply.

## **FEES**

The Registration fee is \$50.00.

The registration will expire on August 31 of each even numbered year.

## **CONTINUING EDUCATION**

Each registered interior designer will be required to complete at least one unit every two years of approved or verifiable continuing education in interior design or architecture. Ten contact hours constitutes one continuing education credit.

## **ASSISTANCE**

If assistance is needed, you may contact the Council by calling (573) 522-4683.

## **ADDRESS**

Mail the completed application along with all required forms, sealed envelopes and fee to:

Missouri Interior Design Council  
3605 Missouri Boulevard  
P.O. Box 1335  
Jefferson City, MO 65102

**CHECK YOUR APPLICATION FOR ACCURACY AND COMPLETENESS!**

**MAKE SURE THAT THE REGISTRATION FEE IS ENCLOSED!**

**KEEP A COPY OF THE APPLICATION AND MAINTAIN THE INSTRUCTIONS FOR FUTURE REFERENCE.**



**STATE OF MISSOURI**  
**DIVISION OF PROFESSIONAL REGISTRATION**  
**APPLICATION FOR REGISTRATION OF INTERIOR DESIGNERS**

INTERIOR DESIGN COUNCIL  
P.O. BOX 1335  
JEFFERSON CITY, MO 65102-1335  
PHONE: (573) 522-4683  
FAX: (573) 526-3489  
<http://pr.mo.gov/interior.asp>  
intdesn@pr.mo.gov

All spaces must be completed - please print in ink or type. This application **must be accompanied by check or money order in the amount of \$50.00** made payable to the "Missouri Interior Design Council". All fees are non-refundable. Review the instruction sheet before completing the application.

**SECTION A – PERSONAL INFORMATION**

|  |                         |                        |               |
|--|-------------------------|------------------------|---------------|
| LEGAL NAME OF APPLICANT (MR., MRS., MS.)   |                         | SOCIAL SECURITY NUMBER | DATE OF BIRTH |
| MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED |                         |                        |               |
| RESIDENCE ADDRESS: STREET  | CITY                    | COUNTY                 | STATE ZIP     |
| RESIDENCE TELEPHONE<br>(     )   |                         |                        |               |
| BUSINESS NAME  |                         |                        |               |
| BUSINESS ADDRESS: STREET   | CITY                    | COUNTY                 | STATE ZIP     |
| BUSINESS TELEPHONE<br>(     )  | BUSINESS FAX<br>(     ) |                        |               |
| E-MAIL ADDRESS (IF APPLICABLE)   |                         |                        |               |

**SECTION B – CATEGORIES FOR REGISTRATION (PLEASE CHECK ONLY ONE OF THE FOLLOWING)**

1. – Shall take and pass or have passed the examination administered by the National Council for Interior Design Qualification and:
  - (a)  Graduated from a five-year or four-year interior design program from an accredited institution and completed at least two years of diversified and appropriate interior design experience; or
  - (b)  Completed at least three years of an interior design curriculum from an accredited institution and has completed at least three years of diversified and appropriate interior design experience; or
  - (c)  Graduated from a two-year interior design program from an accredited institution and has completed at least four years of diversified and appropriate interior design experience; or
2.  Registered architect in the State of Missouri (Current)  
Architect Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
3.  Certified, licensed or registered in another state or territory of the United States or foreign country as an interior designer. (See instructions)

**SECTION C – EXAMINATION**

If applicant has passed all sections of the NCIDQ examination, **instruct NCIDQ to verify exam passage and send directly to the Missouri Interior Design Council.** Applicant must complete the following:

|                          |                            |
|--------------------------|----------------------------|
| NCIDQ CERTIFICATE NUMBER | INITIAL CERTIFICATION DATE |
|--------------------------|----------------------------|

**SECTION D – EDUCATION**

Indicate, in chronological order, the name and address of each ACCREDITED college, university or technical school and the information requested in the following chart:

| NAME AND ADDRESS OF INSTITUTION(S) | YEAR<br>(FROM - TO) | COURSE OF STUDY | YEAR<br>GRADUATED | NAME OF<br>DEGREE | *INTERIOR DESIGN<br>CREDIT HOURS |
|------------------------------------|---------------------|-----------------|-------------------|-------------------|----------------------------------|
|                                    |                     |                 |                   |                   |                                  |
|                                    |                     |                 |                   |                   |                                  |
|                                    |                     |                 |                   |                   |                                  |
|                                    |                     |                 |                   |                   |                                  |
|                                    |                     |                 |                   |                   |                                  |

\*APPLIES ONLY TO THOSE APPLYING UNDER CATEGORY 1(B).

**OFFICIAL TRANSCRIPTS FROM EACH SCHOOL SHALL ACCOMPANY THIS APPLICATION.**

**SECTION E – RECORD OF LICENSING INFORMATION**

List other licenses within the profession in other jurisdictions in which you are licensed or registered.

| JURISDICTION | PROFESSION NAME | REGISTRATION NUMBER | DATE OF ISSUANCE | LICENSE STATUS<br>(ACTIVE, LAPSED, ETC.) |
|--------------|-----------------|---------------------|------------------|--|
|              |                 |                     |                  |  |
|              |                 |                     |                  |  |
|              |                 |                     |                  |  |
|              |                 |                     |                  |  |
|              |                 |                     |                  |  |
|              |                 |                     |                  |  |

**SECTION F – PERSONAL HISTORY**

**THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS**

**YES      NO**  
(CHECK ONE)

- |  |  |  |
|--|--|--|
| 1) Have you ever been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? If yes, attach a statement for each conviction including date and place of conviction (even if imposition of sentence was suspended), nature of the offense and if applicable, the date of discharge from any penalty imposed. |  |  |
| 2) Have you been denied a professional license, certification, or permit, or privilege of taking an examination, or had a professional license, certification, or permit disciplined in any way by any licensing authority in Missouri or elsewhere? If yes, attach a detailed explanation.  |  |  |
| 3) Have you ever been discharged other than honorably from the armed services or from a city, county, state or federal position? If yes, attach a detailed explanation.  |  |  |
| 4) Are you a U.S. citizen? If not, please attach explanation of residency status.  |  |  |

Pursuant to Section 324.010 RSMo:

**CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

*False statements are subject to criminal penalties and/or license discipline.*

**If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200  
or e-mail [income@dor.mo.gov](mailto:income@dor.mo.gov).**



LEGAL NAME OF APPLICANT

**SECTION H – CLIENT REFERENCES**

List 2 client references. Submit references on Interior Design Reference forms. (See instructions)

| NAME OF CLIENT | ADDRESS |
|----------------|---------|
| 1)             |         |
| 2)             |         |

**SECTION I – INDUSTRY REFERENCES**

List 3 industry references. Submit references on Interior Design Reference forms. (See instructions)

| NAME OF VENDOR | ADDRESS |
|----------------|---------|
| 1)             |         |
| 2)             |         |
| 3)             |         |

**SECTION J – AFFIDAVIT**

I hereby certify that all statements made by me on this application are true and I agree that any misrepresentation of material facts herein will cause forfeiture on my part of rights for registration in Missouri.

SIGNATURE OF APPLICANT

|   |   |                       |
|---|---|-----------------------|
| COUNTY (OR CITY OF ST. LOUIS)                       | NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL |                       |
| STATE   |   |                       |
| SUBSCRIBED AND SWORN BEFORE ME, THIS<br>DAY OF YEAR |   |                       |
| NOTARY PUBLIC SIGNATURE                             |   | MY COMMISSION EXPIRES |
| NOTARY PUBLIC NAME (TYPED OR PRINTED)               |   |                       |

## AUTHORIZATION AND RELEASE

LEGAL NAME OF APPLICANT

I, \_\_\_\_\_, hereby authorize any individual, company or institution with whom I have been associated, to furnish the Missouri Interior Design Council with any information concerning my qualifications for registration in Missouri which they have on record or otherwise, and do hereby release the individual, company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

SIGNATURE OF APPLICANT

COUNTY (OR CITY OF ST. LOUIS)

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL

STATE

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

NOTARY PUBLIC SIGNATURE

MY COMMISSION  
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

ATTACH A  
PASSPORT  
QUALITY  
PHOTOGRAPH  
HERE

**NOTE TO ALL APPLICANTS FOR REGISTERED INTERIOR DESIGNER IN MISSOURI:**

*In accordance with procedures established by the Missouri Interior Design Council, no application for Registered Interior Designer will be processed unless accompanied by the above authorization and release, properly signed.*



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
**BUSINESS / EMPLOYMENT VERIFICATION FORM**

INTERIOR DESIGN COUNCIL  
 P.O. BOX 1335  
 JEFFERSON CITY, MO 65102-1335  
 PHONE: (573) 522-4683  
 FAX: (573) 526-3489  
<http://pr.mo.gov/interior.asp>  
[intdesn@pr.mo.gov](mailto:intdesn@pr.mo.gov)

**PART I – TO BE COMPLETED BY THE APPLICANT**

APPLICANTS NAME \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

PERIOD OF EMPLOYMENT {USE EXACT DATES (MONTH/YEAR)}  
 FROM \_\_\_\_\_ TO \_\_\_\_\_

**PART II – TO BE COMPLETED BY THE EMPLOYER**

As a requirement for registration in the State of Missouri, the applicant must provide proof of diversified and appropriate interior design experience for each year of qualifying experience. Please refer to the following definition when evaluating the applicant's experience.

**“Diversified and appropriate interior design experience”** shall mean experience that includes the practice of interior design for or public spaces in **no less than seven** of the following areas: space planning; code research and analysis; client contact; programming; schematic design and design development; preparation of construction documents; cost estimating; selection of material and furnishings; contract documents; bidding procedures; and construction observation.

**“Interior Design”** includes, but is not limited to, preparation of documents and specifications relative to non-load bearing interior construction, furniture, finishings, fixtures and equipment.

**“One year of experience”** shall mean not fewer than one thousand eight hundred (1800) clock hours.

**Please circle the level of experience the applicant gained in each area of interior design during her/his employment.**

|          | <b>S=Substantial</b> | <b>A=Adequate</b> | <b>M=Minimal</b> | <b>N=No Experience</b> |  |
|----------|----------------------|-------------------|------------------|------------------------|--|
| <b>S</b> | <b>A</b>             | <b>M</b>          | <b>N</b>         |                        | <b>Space planning</b>                          |
| <b>S</b> | <b>A</b>             | <b>M</b>          | <b>N</b>         |                        | <b>Code research and analysis</b>              |
| <b>S</b> | <b>A</b>             | <b>M</b>          | <b>N</b>         |                        | <b>Client contact</b>                          |
| <b>S</b> | <b>A</b>             | <b>M</b>          | <b>N</b>         |                        | <b>Programming</b>                             |
| <b>S</b> | <b>A</b>             | <b>M</b>          | <b>N</b>         |                        | <b>Schematic design and design development</b> |
| <b>S</b> | <b>A</b>             | <b>M</b>          | <b>N</b>         |                        | <b>Preparation of construction documents</b>   |
| <b>S</b> | <b>A</b>             | <b>M</b>          | <b>N</b>         |                        | <b>Cost estimating</b>                         |
| <b>S</b> | <b>A</b>             | <b>M</b>          | <b>N</b>         |                        | <b>Selection of materials and furnishings</b>  |
| <b>S</b> | <b>A</b>             | <b>M</b>          | <b>N</b>         |                        | <b>Contract documents</b>                      |
| <b>S</b> | <b>A</b>             | <b>M</b>          | <b>N</b>         |                        | <b>Bidding procedures</b>                      |
| <b>S</b> | <b>A</b>             | <b>M</b>          | <b>N</b>         |                        | <b>Construction observation</b>                |

**PART III – CERTIFICATION**

I certify that \_\_\_\_\_ has been employed by me or the firm as  
(APPLICANT'S NAME)

\_\_\_\_\_ from \_\_\_\_\_ through \_\_\_\_\_  
(TITLE OF POSITION HELD) (EXACT DATE OF EMPLOYMENT (MONTH/YEAR))

This employment was:  Full time  Part time

If employment was Part time, please attach a separate sheet detailing the number of hours the applicant worked per year.

In **EACH** of the years of employment with your firm, did the applicant gain “**diversified and appropriate**” experience in interior design (as defined on page 1)?  YES  NO

If no, please list the years that do not include “**diversified and appropriate**” experience.

From \_\_\_\_\_ - To \_\_\_\_\_

From \_\_\_\_\_ - To \_\_\_\_\_

From \_\_\_\_\_ - To \_\_\_\_\_

|           |                       |
|-----------|-----------------------|
| FIRM NAME | FIRM TELEPHONE NUMBER |
|-----------|-----------------------|

|                       |
|-----------------------|
| FIRM'S STREET ADDRESS |
|-----------------------|

|                |
|----------------|
| CITY/STATE/ZIP |
|----------------|

|                        |                    |
|------------------------|--------------------|
| SUPERVISOR'S SIGNATURE | SUPERVISOR'S TITLE |
|------------------------|--------------------|

|            |             |
|------------|-------------|
| PRINT NAME | DATE SIGNED |
|------------|-------------|

|   |   |
|---|---|
| IS THE EVALUATOR NCIDQ CERTIFIED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | NCIDQ CERTIFICATION NUMBER OF EVALUATOR |
|---|---|

|  |                      |
|--|----------------------|
| IS THE EVALUATOR A LICENSED/REGISTERED ARCHITECT OR REGISTERED COMMERCIAL INTERIOR DESIGNER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | LICENSE NUMBER/STATE |
|--|----------------------|

THIS APPLICANT IS RECOMMENDED FOR REGISTRATION AS A REGISTERED INTERIOR DESIGNER.

THIS APPLICANT IS NOT RECOMMENDED FOR REGISTRATION BECAUSE:



**STATE OF MISSOURI**  
**DIVISION OF PROFESSIONAL REGISTRATION**  
**INTERIOR DESIGN REFERENCE FORM**

PLEASE CHECK ONE OF THE FOLLOWING:

- CLIENT REFERENCE
- INDUSTRY REFERENCE

INTERIOR DESIGN COUNCIL  
P.O. BOX 1335  
JEFFERSON CITY, MO 65102-1335  
PHONE: (573) 522-4683  
FAX: (573) 526-3489  
<http://pr.mo.gov/interior.asp>  
[intdesn@pr.mo.gov](mailto:intdesn@pr.mo.gov)

**PART I – TO BE COMPLETED BY THE APPLICANT**

APPLICANT'S NAME

---

REFERENCE NAME

---

REFERENCE BUSINESS/FIRM NAME

---

REFERENCE BUSINESS ADDRESS

---

REFERENCE BUSINESS PHONE

**PART II – TO BE COMPLETED BY THE REFERENCE**

The individual named above has made application with the Missouri Interior Design Council for registration as a registered interior designer and has listed you as a reference. In order that the Council might have sufficient information to assess the applicant's qualifications, you are requested to provide answers to the following questions.

Please return the completed form to the applicant in a **sealed** envelope with your **signature across the flap** in order that it may be included with the application to the Council. Your prompt attention is appreciated.

Please refer to the following definition when answering questions.

**“Diversified and appropriate interior design experience”** means experience that includes the practice of interior design for commercial or public spaces in no less than seven of the following areas: space planning, code research and analysis, client contact, programming, schematic design and design development, preparation of construction documents, cost estimating, selection of materials and furnishings, contract documents, bidding procedure, and construction observation.

1. YOUR BUSINESS RELATIONSHIP TO THE APPLICANT:

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2. NUMBER OF YEARS YOU HAVE KNOWN THE APPLICANT:

---

3. BRIEFLY DESCRIBE AN INTERIOR DESIGN PROJECT IN WHICH YOU WERE INVOLVED WITH THE APPLICANT.

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4. HOW WOULD YOU EVALUATE THE APPLICANT'S INTERIOR DESIGN WORK?

---

|   | YES         | NO |
|---|-------------|----|
|   | (CHECK ONE) |    |
| 5. Do you feel the applicant possesses adequate technical knowledge to practice interior design?        |             |    |
| 6. Do you feel the applicant has had adequate "diversified and appropriate" interior design experience? |             |    |
| 7. Would you recommend this person for registration?  |             |    |

IF YOU ANSWERED NEGATIVELY ON ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN (ATTACH ADDITIONAL PAGES IF NECESSARY):

UNDER PENALTIES OF PERJURY, I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE.

|                         |       |             |
|-------------------------|-------|-------------|
| SIGNATURE OF REFERENCE  |       | DATE SIGNED |
| PRINT NAME OF REFERENCE | TITLE |             |