



STATE OF MISSOURI

MISSOURI BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, PROFESSIONAL
LAND SURVEYORS AND PROFESSIONAL LANDSCAPE ARCHITECTS

**INSTRUCTIONS FOR PREPARING APPLICATION FOR LICENSURE
AS AN ARCHITECT BY COMITY WITH NCARB CERTIFICATE**

3605 MISSOURI BLVD.
JEFFERSON CITY, MISSOURI 65109
TELEPHONE: 573/751-0047
FAX: 573/751-8046

If you were initially licensed in another state and are applying for licensure in Missouri by comity, per Board Rule 20 CSR 2030-4.060 your application must be accompanied by a NCARB Certificate.

Applicants must complete the **MISSOURI APPLICATION FORM**.

The application must be typewritten.

Required: Pursuant to Board Rule 20 CSR 2030-5.160, Applicants shall submit proof of receiving a passing score of 80% on the required State Exam covering Chapter 327, RSMo, the Board Rules and Ethics. To take this exam, please click here: <https://pr.mo.gov/apelsla-exam.asp>. In addition, proof of your passing score must be included with the application

Applications submitted via fax or e-mail are NOT acceptable.

Application filing fees are non-refundable.

The application form must be fully completed. Incomplete applications will not be processed.

If requested to do so, the applicant shall contact the university to request that an official transcript of grades, evidencing receipt of a degree in architecture and the date it was awarded, **be forwarded directly to the Board office.**

Foreign graduates will be required to also submit the following:

- Favorable EESA Evaluation (this is typically included in the NCARB record);
- Original transcript of grades. **The transcript shall be forwarded to the Board office directly from the University.**
- Notarized copy of diploma evidencing award of architectural degree.
- If transcript and diploma are not in English, you shall contact the university and request that an original transcript be forwarded directly to a United States independent, unbiased translation service, who in turn, is to forward the official translation to the Board office.

It is the applicant's responsibility to contact NCARB to request that their file be transmitted to the Missouri Board. NCARB records are retained for a period of one year from the date of receipt.

It is the applicant's responsibility to keep a copy of the application for their file.

An application pending review will be retained for a period of one year from the date it was originally filed.

Completed applications are processed in the order of receipt in as timely a manner as possible. Processing time varies depending on the volume of applications awaiting review and a specific licensure date cannot be projected.

If licensure is granted, the initial license will be valid until December 31 of the current year. Refer to Board Rules 20 CSR 2030-11.010 and 20 CSR 2030-11.025 regarding the renewal of a license.

SOCIAL SECURITY NUMBER DISCLOSURE NOTICE

You must provide your social security number pursuant to state and federal law.

If you fail or refuse to provide your social security number, we will consider your initial application incomplete and return it to you. Continued failure or refusal to provide your social security number is grounds for denial of your application.

Pursuant to state and federal law, licensing authorities must assemble your social security number with other relevant information (name, address, etc.) and transmit the data to the Division of Child Support Enforcement of the Department of Social Services to be used in a database for the following purposes:

- (1) locating individuals who are under an obligation to pay child support or provide child custody or visitation rights, against whom such an obligation is sought or to whom such an obligation is owed;
- (2) identifying whether an individual who owes overdue child support or who has failed to comply with a subpoena relating to paternity or child support proceedings holds or has applied for a professional or occupational license (under certain circumstances, a person who owes overdue child support or fails to comply with a subpoena relating to the above-stated proceedings may be subject to an order of a court, after notice and opportunity for hearing in that court, suspending, withholding or restricting the person's license).

In addition to these uses, the licensing authorities will continue their practice of using social security numbers for the following purposes:

- (1) for internal identification purposes;
- (2) to conduct criminal record checks (discovery of relevant criminal history may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (3) to verify information provided by you in your application (discovery of false information in your application may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (4) to verify licensure with another state's licensing authority for reciprocity licensure;
- (5) for identification purposes in national disciplinary databases (the discovery of a disciplined license in another state may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (6) for test identification purposes.

NOTICE TO ALL APPLICANTS

Notice to all applicants who are employees or officers or directors of a professional corporation, general business corporation or a limited liability company having the practice of architecture and/or engineering and/or land surveying and/or landscape architecture as one of its purposes:

Section 327.401 of the Missouri Registration Law requires such corporations and/or limited liability companies to obtain a certificate of authority in each profession from this Board. If your corporation or limited liability company does not have a certificate of authority, an application may be obtained by accessing the Board's website: <http://pr.mo.gov/apelsla>.



STATE OF MISSOURI

MISSOURI BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, PROFESSIONAL LAND SURVEYORS AND PROFESSIONAL LANDSCAPE ARCHITECTS

APPLICATION FOR LICENSURE AS AN ARCHITECT BY COMITY WITH NCARB RECORD AND CERTIFICATE

ALL INFORMATION REQUESTED ON THIS FORM MUST BE TYPEWRITTEN

NCARB CERTIFICATE NO:

(REQUIRED)

The filing fee is \$200.

- Payment should be made payable to Missouri Board for Architects. Per Board Rule 20 CSR 2030-6.010, cash is not an acceptable form of payment nor is the payment refundable.

Transcripts and other information required to be filed with an application are retained by the Board as part of an applicant's file and are not returned to applicant.

Application will be returned to an applicant without filing unless all the information required in its several parts is supplied.

Per Board Rule 20 CSR 2030-4.060 your application must be accompanied by a NCARB Certificate.

Per Board Rule 20 CSR 2030-5.160, your application must be accompanied by proof of receiving a passing score of 80% on the required State Exam covering Chapter 327, RSMo, the Board Rules and Ethics.

The application form must be fully completed (Pages 1, 2 and 3) and signed.

An application pending review will be retained for a period of 1 year from the date it was originally filed.

Completed applications are processed in the order of receipt in as timely a manner as possible. Processing time varies depending on the volume of applications awaiting review and a specific licensure date cannot be projected.

If licensure is granted, the initial license will be valid until December 31 of the current year. Refer to Board Rules 20 CSR 2030-11.010 and 20 CSR 2030-11.025 regarding the renewal of a license.

Please address all communications, mail, applications and other supporting data to:

MISSOURI BOARD FOR ARCHITECTS
3605 MISSOURI BLVD., SUITE 380
JEFFERSON CITY, MO 65109
(573) 751-0047
1-800-735-2966 Text Telephone (TDD)

Applicant must insert a photograph taken within the last 5 years. This application will not be filed unless your photograph is inserted in this space.

Use bust photo approximately 2 1/2 x 3 inches, with signature across bottom of photo.

GENERAL INFORMATION - INDICATE MAILING ADDRESS BY CHECKING ONE BOX BELOW

Form with fields: FIRST NAME, MIDDLE NAME, LAST NAME, SUFFIX, MAIDEN NAME, SOCIAL SECURITY NUMBER

PREFERRED NAME FOR LICENSURE DOCUMENTS AND SEAL

Form with fields: RESIDENCE ADDRESS AS LISTED WITH THE U.S. POST OFFICE, APT.#, CITY, STATE, ZIP CODE, HOME TELEPHONE NO.

Form with fields: BUSINESS (EMPLOYMENT) NAME, BUSINESS ADDRESS AS LISTED WITH THE U.S. POST OFFICE

Form with fields: CITY, STATE, ZIP CODE, BUSINESS TELEPHONE NO.

Form with fields: ADDRESS FOR CORRESPONDENCE (RESIDENCE/BUSINESS), E-MAIL ADDRESS

Form with fields: BIRTHPLACE (CITY & STATE), DATE OF BIRTH, CITIZENSHIP

FOR BOARD USE ONLY

Form with fields: CHECK DATE, CHECK NUMBER, AMOUNT

EDUCATION RECORD

COLLEGE OR UNIVERSITY	ADDRESS (CITY AND STATE)	DATE OF GRADUATION AND DEGREE AWARDED

LICENSURE IN OTHER STATES

STATE OF ORIGINAL LICENSURE By Written Examination By Exemption

LICENSE NUMBER	LICENSURE DATE	EXPIRATION DATE (MM/DD/YY)
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IF LICENSE IS NOT NOW IN FORCE, WHY?

OTHER LICENSES NOW IN FORCE (ATTACH ADDITIONAL SHEET, IF NECESSARY)

STATE	LICENSE NUMBER	DATE ACQUIRED (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)

PRACTICAL EXPERIENCE WITHIN THE PAST FIVE (5) YEARS

EMPLOYER, SUPERVISOR'S NAME CURRENT ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	DATES OF EMPLOYMENT		TOTAL TIME EMPLOYED	CHECK APPROPRIATE EXPERIENCES				
	GIVE MONTH AND YEAR		FULL TIME	General practice of architecture	Teaching and research	Public Service	Construction Administration	Other – explain**
	From	Yrs.						
	To	Mos.						
	From	Yrs.						
	To	Mos.						
	From	Yrs.						
	To	Mos.						
	From	Yrs.						
	To	Mos.						

RECORD OF CHARGES, CONVICTIONS AND FINES IMPOSED ON APPLICANT

	YES	NO
Have you been charged or finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of this or any other state or of the United States whether or not sentence was imposed including suspended imposition of sentence, suspended execution of sentence and misdemeanor charges? If "YES", please submit a copy of the charges, findings, and order with this application.	<input type="checkbox"/>	<input type="checkbox"/>
In any other licensing jurisdiction, have you been the subject of disciplinary action, or entered into any type of settlement agreement, provided for any limitation on your ability to practice, or monetary penalty or payment of costs? If "YES", please submit a copy of the charges, findings, and order with this application.	<input type="checkbox"/>	<input type="checkbox"/>
Are you engaged in the practice of architecture at this time? If not, state present occupation:	<input type="checkbox"/>	<input type="checkbox"/>

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.

AFFIDAVIT

Prior to licensure, I will not engage in any architectural work in Missouri, except such as may be within the exemptions of the law, or under the direction of a licensed Architect in good standing and authorized to practice architecture in Missouri.

I hereby make, and promise to keep, the following pledge while retaining the status of an Architect in the state of Missouri to wit:

- (a) I will obey the Constitution and laws of the United States of America, the Constitution and the laws of the state of Missouri, and the rules and regulations of the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors and Professional Landscape Architects;
- (b) I will discharge with diligence and fidelity the obligation of every professional employment in which I may engage within the state of Missouri or elsewhere;

I, the undersigned applicant for licensure by the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors and Professional Landscape Architects as an ARCHITECT, on my oath, or affirmation, and for the purpose of securing such licensure, declare that the statements and representations made in the foregoing application are true.

APPLICANT SIGNATURE

DATE

