



PLEASE READ CAREFULLY

Before beginning to complete your application, read it thoroughly part by part, including the affidavit, and be sure you understand each part before typing in the information required.

ALL INFORMATION REQUESTED ON THIS FORM MUST BE TYPEWRITTEN

The application will not be processed unless all required information is furnished.

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 this application.

We do not accept applications by fax or email.

Once you have completed the entire application form and affidavit, check to see if you have signed your name in all spaces required. Mail your application to: Missouri Board for Architects, 3605 Missouri Blvd., Suite 380, Jefferson City, MO 65109. Please include your application fee of \$200 in the form of a check or money order. The fee must be drawn on a U.S. Bank and made payable to the Missouri Board for Architects.

It is your responsibility to keep a copy of the application for your files.

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

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, therefore, a specific licensure date cannot be projected.

If licensure is granted, your initial license will be valid until December 31st of the current year. Refer to Section 327.171, RSMo, as well as Board Rules 20 CSR 2030-11.010 and 20 CSR 2030-11.025 regarding renewal of your 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: <https://pr.mo.gov/apelsla>.

RECORD OF CHARGES, CONVICTIONS AND FINES IMPOSED ON APPLICANT

Have you been 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.	YES	NO
	<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 architecture 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
---------------------	------

FOR BOARD USE ONLY
CHECK DATE
CHECK NUMBER
AMOUNT

CERTIFICATION OF LICENSURE

It is the responsibility of the applicant to complete the top section of the “Certification of Licensure” form and then send it to each one of the applicant’s licensing jurisdictions in which the applicant is currently licensed. To expedite the processing, we encourage you to scan and send the form electronically to each state.

Upon completion of the form, the licensing jurisdiction completing the form SHALL RETURN IT DIRECTLY VIA EMAIL TO:

moapeplspla@pr.mo.gov

Note: Your application will not be processed until all of the Certification of Licensure forms have been received.



STATE OF MISSOURI
BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, PROFESSIONAL LAND SURVEYORS
AND PROFESSIONAL LANDSCAPE ARCHITECTS (APEPLSPLA)
CERTIFICATION OF LICENSURE

3605 MISSOURI BLVD., SUITE 380
 JEFFERSON CITY, MO 65109
 TELEPHONE: 573/751-0047
 FAX: 573/751-8046
 moapeplspla@pr.mo.gov
 https://pr.mo.gov/apelsla.asp

THIS SECTION TO BE COMPLETED BY THE APPLICANT

NAME (LAST, FIRST, MIDDLE)		PREVIOUS NAME(S)
CURRENT ADDRESS		
CITY	STATE	ZIP
DATE OF BIRTH	SOCIAL SECURITY NUMBER	
NAME AS APPEARS ON LICENSE (LAST, FIRST, MIDDLE, MAIDEN)		
STATE OF LICENSURE	ISSUE DATE	LICENSE NUMBER

THIS SECTION TO BE COMPLETED BY THE LICENSING JURISDICTION IN WHICH THE APPLICANT IS LICENSED

I certify that _____ was issued _____ on _____
 (Applicant) (License No.) (Date)

and that this applicant has met the educational requirements in effect in this jurisdiction at the time licensure was granted.

Current License Status: Active Inactive Lapsed Expired

1. Has the applicant been the subject of disciplinary action, or entered into any type of settlement agreement, providing for any limitation on the applicant's ability to practice, or monetary penalty, or payment of costs in your jurisdiction?

If "YES," please submit a copy of the charges, findings, and order with this certification. Yes No

2. Has the applicant been the subject of any complaint or investigation which is pending, or any disciplinary inquiry which has not been resolved or remains open in your jurisdiction? If "YES," please provide a copy of the complaint and/or investigation report. Yes No

Licensing Board must affix seal, sign document below and then email it to:
 moapeplspla@pr.mo.gov

(SEAL)

SIGNATURE	
TITLE	
STATE	DATE