



The Commonwealth of Massachusetts
 Division of Professional Licensure
 Board of Registration of Architects
 1000 Washington Street, Suite 710
 Boston, Massachusetts 02118-6100
www.mass.gov/dpl

**REQUIRED FOR ALL
 APPLICATIONS**

Please attach recent passport

2" x 2"

Photograph here

**Application Fee \$135.00
 Licensure Fee- \$125.00**

**Please make separate payments payable to the
 Commonwealth of Massachusetts**

Please note that submitting your application **online** through the ePlace Portal is now the preferred method for applying to be a licensed Architect. If you choose to submit a paper application, this may result in a longer processing time by the Board.

Also, a 2x2 Photo is required for **all** Architect applications.

1. Applicant Name: _____
Last First Middle

2. Maiden/Alias/Former Name: _____

3. Date of Birth: _____

4. Permanent Address

No. Street Apt. #

City/Town State ZIP Code

5. Business Address (If applicable)

No. Street Apt.

City/Town State ZIP Code

6. Telephone Number-Day: _____ Evening: _____

7. Email Address _____

8. NCARB File No.: _____

9. List any professional licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction which you are licensed/certified and indicate the status of your license and any relevant disciplinary information.

(use additional sheets if necessary)

State	License Number	Issue Date	Current	Lapsed

10. Has any disciplinary action been taken against you by a professional licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: No:
If yes, please state the details (use additional sheets if necessary):

11. Are you the subject of pending disciplinary actions by a professional licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: No:
If yes, please state the details (use additional sheets if necessary):

12. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: No:
If yes, please state the details (use additional sheets if necessary):

13. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: No:
If yes, please state the details (use additional sheets if necessary):

14. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction (other than a traffic violation for which a fine of less than \$100 was assessed)? Yes: No:
If yes, please state the details (use additional sheets if necessary):

15. I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be ground for the Massachusetts Board of Registration of Architects to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts law.

I certify, under the pains and penalties of perjury, that I have read and am familiar with the Rules and Regulations and Laws pertaining to the practice of Architecture in Massachusetts, Massachusetts General Laws Chapter 112, Sections 60A to 60O & 61 to 65E, and 231 CMR 2.00 – 4.00. I also certify that I have read, and will comply with, the Rules and Regulations of the Commonwealth of Massachusetts Architectural Access Board, 521 CMR and, specifically, 521 CMR 1.1 ET SEQ, which requires all public buildings and facilities to meet certain design and construction requirements in order to ensure access to such buildings and facilities by handicapped person.

I also certify, under the pains and penalties of perjury, that I will not represent myself as an architect or offer to perform architectural services in this jurisdiction until this application is approved and an architect license has been granted by this board. In addition, no agent of my firm will offer to perform or contract to perform architectural services in this jurisdiction until the application process is completed and an architect license has been granted by this board.

I certify that, pursuant to G.L. c.62C, §49A, to the best of my knowledge and belief, I have filed all Massachusetts tax returns and paid all Massachusetts taxes required by law. In addition, the Board is registered under the provision of M.G.L. c. 6 § 172 to receive Criminal Offender Record Information (CORI) for the purpose of screening current licensees and otherwise qualified prospective license applicants. CORI must be checked as part of your licensing process and no convictions contained in a CORI are automatic disqualifiers. In order to complete the CORI check process, please fill out the CORI Acknowledgment Form on Pages 4 & 5.

Signature of applicant _____ Date _____

**CRIMINAL OFFENDER RECORD INFORMATION
(CORI) ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of the boards of registration pursuant to M.G.L. c. 13, § 9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that the Division of Professional Licensure must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 4 of this Application documentation is true and accurate.

Signature

Date

NOTE: DPL CANNOT ACCEPT THIS CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER: (1) SIGNED IN PERSON AT THE BOARD'S OFFICE IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE DIVISION OF PROFESSIONAL LICENSURE, 1000 WASHINGTON STREET, SUITE 710, BOSTON, MA 02118.

Be sure to include this page with your completed application

MANDATORY

My social security number is:

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Pursuant to G.L. c. 62C, § 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you comply with the tax laws of the Commonwealth.