Massachusetts

Architect Registration Application Instructions

*Actions required are in bold.*

1. **SUBMISSION TO THE MASSACHUSETTS ARCHITECT BOARD:**
   After reviewing Massachusetts Laws and Rules governing the licensing and practice of architects¹, please complete and return this application to the Massachusetts Architect Board at the address below. Please include the registration fee by enclosing a certified or company check made payable to: Commonwealth of Massachusetts in the amount of $365 (License fee: $338; Wall Certificate: $27)

   Mail Application to:

   **MA Board of Registration of Architects**
   **Division of Professional Licensure**
   **1000 Washington Street, Suite 710**
   **Boston, MA 02118**

   (617) 727-3229

2. **SUBMISSION TO NCARB:**
   Please submit your request and authorization to transmit either:

   Online at www.ncarb.org with a credit card,

   OR

   By mail. If applying by mail, complete and return the Authorization for Transmittal of Council Record Form 182 for Massachusetts to NCARB along with a check made payable to NCARB in the amount of $400 or credit card number and mail to:

   **NCARB Transmittals Department**
   **1801 K Street, NW**
   **Suite 700**
   **Washington, DC 20006**

¹ Massachusetts General Laws Chapter 112, Sections 60A to 60O, 61 to 65E, and 231 Code of Massachusetts Regulations 2.00 to 4.00.
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.: ______________________ NCARB CERTIFICATE 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)

<table>
<thead>
<tr>
<th>State</th>
<th>License Number</th>
<th>Issue Date</th>
<th>Current</th>
<th>Lapsed</th>
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</table>
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 5 & 6.

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 ACKNOWLEDGEMENT 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.
**SUBJECT INFORMATION:** (A red asterisk (*) denotes a required field)

<table>
<thead>
<tr>
<th>*Last Name</th>
<th>*First Name</th>
<th>Middle Name</th>
<th>Suffix</th>
</tr>
</thead>
</table>

*Maiden Name (or other name(s) by which you have been known)*

<table>
<thead>
<tr>
<th>*Date of Birth</th>
<th>Place of Birth</th>
</tr>
</thead>
</table>

*Last Six Digits of Your Social Security Number: ______ - _______

**Sex:** ______  **Height:** ___ ft. ___ in.  **Eye Color:** ______

**Driver’s License or ID Number:** ______________________ **State of Issue:** ______________________

**Current and Former Addresses:**

<table>
<thead>
<tr>
<th>Street Number &amp; Name</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Number &amp; Name</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
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</table>

**IDENTITY VERIFICATION SECTION:** If this form is submitted by hand at DPL Offices, Section A must be completed.  Otherwise, Section B must be completed.

**SECTION A: VERIFICATION BY DPL EMPLOYEE:** I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:[†]

- Passport
- State Issued driver’s license
- Military identification
- State-issued identification card

**VERIFIED BY:**

<table>
<thead>
<tr>
<th>Name of Verifying DPL Employee (Please Print)</th>
<th>Signature of Verifying DPL Employee</th>
<th>Date</th>
</tr>
</thead>
</table>

**SECTION B: VERIFICATION BY NOTARY:**

On this _____ day of ________, 20___, before me, the undersigned notary public, personally appeared ______________________ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:[†]

- Passport
- State-issued driver’s license
- Military identification
- State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

<table>
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<tr>
<th>Notary Public:</th>
<th>Notary Commission Expires On</th>
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</thead>
</table>

[†] If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJS. 803 CMR 2.09(2).
Be sure to include this page with your completed application

MANDATORY

My social security number is:

□□□□-□□□-□□□□□

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.