Policy of Reinstatement for Lapsed Architectural License
There is no inactive status in Massachusetts

1. For those licenses expired within the last three years (3):
   - License reinstatement fees are now capped at the cost of license renewal for two licensing cycles, plus one late fee. (Board will notify you of the appropriate fee)
   - Proof of continuing education units (CMR 231 3:06) for the last two years

2. For those licenses expired more than three (3) years ago but less than ten years (10):
   - Submit to the Board a reinstatement application and application fee of $113.00
   - License reinstatement fees are now capped at the cost of license renewal for two licensing cycles, plus one late fee. (Board will notify you of the appropriate fee)
   - Submit to the Board graphic evidence of three (3) current projects whose scope is appropriate to the scope of the project for which the registrant desires to be licensed.
   - Submit to the Board three (3) reference letters from each of the clients whose projects are being presented.
   - The requirement to submit three (3) current projects and three (3) corresponding reference letters shall be waived upon submission of a current NCARB certificate; if this applies to you, you must request NCARB send your certificate to the Board office.
   - Provide the Board a brief written history of your practice since your license lapsed.
   - You may be required to appear for a personal interview before the Registration Board.
   - Proof of continuing education units (CMR 231 3:06) the last two years

3. For those licenses expired for more than ten years (10):
   - You may be required to take the current A.R.E. examination (computer examination).
   - License reinstatement fees are now capped at the cost of license renewal for two licensing cycles, plus one late fee. (Board will notify you of the appropriate fee)
   - Submit to the Board a reinstatement application and application fee of $113.00
   - Submit to the Board graphic evidence of three (3) current projects whose scope is appropriate to the scope of the project for which the registrant desires to be licensed.
   - Submit to the Board three (3) reference letters from each of the clients whose projects are being presented.
   - Provide the Board a brief written history of your practice since your license lapsed.
   - You may be required to appear for a personal interview before the Registration Board.
   - The requirement to submit three (3) current projects and three (3) corresponding reference letters shall be waived upon submission of a current NCARB certificate; if this applies to you, you must request NCARB send your certificate to the Board office.
   - Proof of continuing education units (CMR 231 3:06) the last two years
The Commonwealth of Massachusetts  
Division of Professional Licensure  
1000 Washington Street • Suite 710  
Boston • Massachusetts • 02118-6100  
Board of Registration of Architects  
www.mass.gov/dpl  
617-727-3072

Architectural Reinstatement Fee--$113.00

Please attach recent
2” X 2” passport photograph here

1. Applicant Name: ________________________________________________
   Last                      First                      Middle

2. Previous Name: _________________________________________________

3. Current License#:_________ License Expiration Date: _____________


5. Date of Birth:_______________ Place of Birth: _____________________

6. Permanent Address:
   No.            Street              Apt. #
   _____________________________________________________________
   City/Town               State              Zip Code

7. Business Address (If Applicable):
   No.            Street               Apt. #
   _____________________________________________________________
   City/Town               State              Zip Code

8. Telephone Number-Day:_________________ Evening:_________________

9. Social Security Number (Mandatory):
   Pursuant to G.L. c. 62C, s. 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 are in compliance with the tax laws of the Commonwealth.
10. List any 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 in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information.

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

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

13. 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 a separate sheet if necessary):

14. 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 a separate sheet if necessary):

15. 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 $100.00 was assessed? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary):

16. Do you hold an NAAB or CACB accredited degree? Yes: ☐ No: ☐ If yes, please list school name, year of graduation, and degree obtained:

17. Under what name or firm name are you practicing or do you expect to practice Architecture in Massachusetts?

18. Position with Firm:

19. Number of years with firm:

20. Date Massachusetts Registration lapsed:

21. Reason for lapsed Massachusetts Registration:
22a. Provide a brief history of your practice in MA since your Massachusetts Registration lapsed:


22b. Provide a brief history of your practice in other jurisdictions since your Massachusetts Registration lapsed:


23. Method of original Massachusetts Registration (examination/reciprocity): 


24. State of Initial Registration: 
License#: Date issued: 
Expiration date:

25. You must provide graphic evidence of at least three projects for which you have been either the architects of record or had substantial responsibility (if not the architect of record, a detailed description of responsibility). Photographs and brochures may be acceptable for evidence. Or in lieu of submitting three (3) current projects and three (3) corresponding reference letters you can file a reciprocity application (Blue Book) through NCARB, telephone #202-783-6500. (you must be certified by NCARB and hold a current license in another jurisdiction to be considered eligible for reciprocity)

26. You must provide reference letters from the clients of each of the three projects that you are submitting.

27. 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 grounds for the Massachusetts Board of Registration in 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 further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of applicant 

Date