



The Commonwealth of Massachusetts
Division of Occupational Licensure
1 Federal St, 6th Floor • Suite 0600
Boston • Massachusetts • 02110-2012
Board of Registration of Architects
mass.gov/orgs/division-of-occupational-licensure
617-701-8690

Architect Emeritus Application \$27.00

Instructions: If you wish to apply for the title Architect Emeritus, you must complete this application and return it to the Board office with your fee. **This status change also requires that the applicant relinquish his or her current license to practice architecture.**

Name: _____
Last First Middle

License Number _____

Street or PO Box _____

City/Town _____ State _____ Zip Code _____

As stated in MGL, Chapter 112, § 60A-60N, the Board may grant a certificate of registration as an architect emeritus to an architect who has retired from the active practice of architecture in the Commonwealth. Once determined eligible by the Board, an architect emeritus shall not engage in or hold him or herself out as engaging in the practice of architecture and shall be exempt from continuing education requirements.

An architect emeritus who seeks reinstatement as an architect shall apply to the Board in writing of the status change and thereafter complete all required education and other Board requirements.

I have read and understand the regulations as stated above. **Yes:** ☐ **No:** ☐

I have retired from the practice of architecture. **Yes:** ☐ **No:** ☐ Effective date: _____

I have been an architect in good standing in the Commonwealth of Massachusetts at time of retirement. **Yes:** ☐ **No:** ☐

Date of birth: _____

I have been a registered architect in the Commonwealth for at least 10 years. **Yes:** ☐ **No:** ☐

I have relinquished my license to practice architecture; Effective date: _____

I have submitted by certified check or money order made out to the Commonwealth of Massachusetts the application fee of \$27.00

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Architecture to deny me the right to be approved as an Architect Emeritus or to suspend or revoke a license issued to me in accordance with Massachusetts Law.

Signature of applicant

Date

KEEP A COPY OF THIS FOR YOUR RECORDS

Emeritus Application for: _____

FOR BOARD USE ONLY

Approved _____ Denied _____ Comment _____

Date _____ Board Member Name _____ Signature _____

Expiration Date _____