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

617-701-8690

Reinstatement Policy for Lapsed/Expired Architectural License
There is no "INACTVE" status in Massachusetts

DO NOT mail this application, it is for online-backup only.

1. For licenses expired within the last year to less than three (3) years:

- Submit to the Board this completed application and the processing fee of $113.00, payments are to be made payable to: the Commonwealth of Mass.
- Include proof of continuing education (CMR 231 3:06) for a recent 2 year period.

2. For licenses expired more than three (3) years ago but less than ten (10) years:

- Submit to the Board this reinstatement application and processing fee of $113.00, payments are to be made payable to: the Commonwealth of Mass.
- Submit to the Board graphic evidence of three (3) current projects appropriate to the scope for which the registrant desires to be licensed.
- Submit to the Board a reference letter from each of the clients whose projects are being presented (3 letters).
- The requirement to submit three (3) current projects and three (3) corresponding reference letters may be waived upon submission of a current NCARB file; IF this applies to you, you must request NCARB transmit your file to the Board.
- Provide to the Board a brief written history of your practice since your license lapsed.
- Provide proof of continuing education (CMR 231 3:06) for a recent two year period.

3. For those licenses expired for more than ten (10) years:

- You may be required to take the current A.R.E. examination (computer examination).
- Submit to the Board this reinstatement application and processing fee of $113.00, payments are to be made payable to: the Commonwealth of Mass.
- Submit to the Board graphic evidence of three (3) current projects appropriate to the scope for which the registrant desires to be licensed.
- Submit to the Board a reference letter from each of the clients whose projects are being presented (3 letters).
- The requirement to submit three (3) current projects and three (3) corresponding reference letters may be waived upon submission of a current NCARB file; IF this applies to you, you must request NCARB transmit your file to the Board.
- Provide to the Board a brief written history of your practice since your license lapsed.
- Provide proof of continuing education (CMR 231 3:06) for a recent two year period.
- You may be required to appear for a personal interview before the Registration Board.

Final License Reinstatement fees are capped at the cost of the license renewal for two licensing cycles plus one late fee, (the Board will send notification after review).

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Architectural Reinstatement Application Fee--$113.00

BOARD USE ONLY
Board:_____
License #:_____
Type: _____
Cash #:_____
Cash Date: _____

REQUIRED:

Attach a recent 2" X 2"

passport style photo here

1. Applicant Name:_____
Last First Middle
2. Previous Name:_____

3. Current License#:_____ License Expiration Date:_____

4. Are you an NCARB Certificate holder? Yes: ❑ No: ❑ NCARB Certifícate No.:_____

BOARD USE ONLY
Status Code: _____ Issue Date: _____ Lic. Exp. 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. 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. 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. (use additional sheets if necessary for your list.)

State	License Number	Issue Date	Current	Lapsed

10. 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):

    _____

    _____

11. 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):

    _____

    _____

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

    _____

    _____

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

    _____

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

    _____

17. Position with Firm: _____

18. Number of years with firm: _____

19. Date Massachusetts Registration lapsed: _____

20. Reason for lapsed Massachusetts Registration: _____

    _____

    _____

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

_____

_____

_____

21b. Provide a brief history of your practice in other jurisdictions since your Massachusetts Registration lapsed:

_____

_____

_____

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

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

24. 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)

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

26. 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. 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:

COMMONWEALTH OF MASSACHUSETTS
1 Federal St, 6th Floor • Suite 0600
Boston, Massachusetts 02110-2012

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Division of Occupational Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Occupational 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 Occupational 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 Occupational Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

I understand that the Division of Occupational Licensure may conduct a subsequent CORI check within one year of the date this Form was signed by me.

By signing below, I provide my consent to an initial CORI check and a subsequent CORI check, both within one year of the date of this Form, and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

_____ _____

Signature Date

Please provide the name of the board of registration and license type for which you are applying or currently hold:

_____ _____

Board of Registration License Type

NOTE: DOL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DOL 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 BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.

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

_____

*Last Name *First Name Middle Name Suffix

_____

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

_____ _____

*Date of Birth Place of Birth

* Social Security Number: _____-_____-_____

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

_____

Street Number & Name City/Town State Zip

_____

Street Number & Name City/Town State Zip

_____

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

SECTION A: VERIFICATION BY DOL EMPLOYEE: I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:[1]

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

VERIFIED BY: _____

Name of Verifying DOL Employee (Please Print)

_____

Signature of Verifying DOL Employee Date

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:[1]

☐ 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.

_____

SIGNATURE Notary Public: Notary Commission Expires On

[1] 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 DCJIS. 803 CMR 2.09(2).