

Massachusetts

Architect Reciprocity Application Instructions

Actions required are underlined.

1. SUBMISSION TO THE MASSACHUSETTS ARCHITECT BOARD:

After reviewing Massachusetts Laws and Rules governing the licensing and practice of architects¹. Complete and **UPLOAD** this application as backup through the ePlace Portal application process. Paper applications will no longer be accepted in this office through mail.

Fees for Reciprocity are:

\$365.00 (License fee: \$338.00; Wall Certificate: \$27.00-*optional*)

Direct Inquiries to:

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

(617) 701-8690

architectboard@mass.gov

2. REQUISITION TO NCARB:

Please submit your request for authorization to transmit your file either:

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

OR

BY MAIL, *contact the NCARB for proper fee assessment*, complete and return the Authorization for Transmittal of Council Record, Form 182 for Massachusetts, to NCARB.

Mail to:

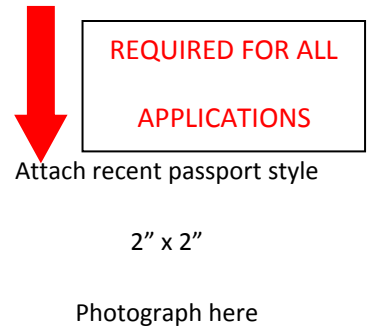
NCARB Transmittals Department
1801 K Street, NW
Suite 700
Washington, DC 20006

¹ Massachusetts General Laws Chapter 112, Sections 60A to 60Q, 61 to 65E, and 231 Code of Massachusetts Regulations 2.00 to 4.00.



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

Licensure Fee- \$338.00
Wall Certificate - \$27.00
The wall certificate is optional



Please note that submitting your application **online** through the ePlace Portal is now the **ONLY** method for applying to be a licensed Architect. We will no longer accept paper applications through the mail.

This document is to be used as back up only. To be uploaded online.

1. Applicant Name: _____
Last First Middle
2. Maiden/Alias/Formal 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. Attach a certificate of standing from each state or jurisdiction which you are licensed/certified in indicating the type and status of your license and any relevant disciplinary information.
(use additional sheets if necessary for your list)

State / Type	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 60Q & 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 _____

COMMONWEALTH OF MASSACHUSETTS
1000 Washington Street, Suite 710
Boston, MA 02118-6100

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.

Notary Public Signature: Notary Commission Expires On

Notary Stamp/Seal to be applied

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).