Print Form

State of Arkansas

RETURN COMPLETED RENEWAL FORM TO:

ARKANSAS STATE BOARD OF ARCHITECTS
101 East Capitol Avenue, Suite 110
Little Rock, Arkansas 72201-3822

Phone: 501-682-3171
Fax: 501-682-3172
e-mail: arch@arkansas.gov
www.arkansas.gov/arch

2009* Firm Renewal for Certificate of Authorization

*Renewal for period of January 1, 2009 thru December 31, 2009

Following you will find instructions for renewal of your Certificate of Authorization. Read and complete all 5 (five) sections.
INCOMPLETE FORMS WILL RESULT IN NON-RENEWAL OF YOUR CERTIFICATE OF AUTHORIZATION.
This serves as notice that your firm's license to practice architecture in the State of Arkansas will **EXPIRE** on December 31, 2009.

To renew your status, go to www.arkansas.gov/arch and follow the prompts. You will need your firm license number. If you renew online, **DO NOT** return this form to the Board office. Online renewal is a fast and efficient way to renew your license. If prefer not to utilize the online renewal feature, you may complete and return this form to the Board office. Your cancelled check will serve as your receipt. **DO NOT** staple business cards or other correspondence to this form.

Renewal Fees are non-refundable and **MUST** be either **RECEIVED** in the Board office by **4:30p.m. CST on December 31 or postmarked by December 31, 2008**. Make checks payable to Arkansas State Board of Architects; if you renew online, Visa, MasterCard, Discover and American Express are accepted. Payments made after December 31, 2008 will require a late fee(s) in addition to renewal fee.

Please indicate renewal type:	◯ DO NOT WISH TO RENEW*	◯ RESIDENT FIRM $250	◯ NON-RESIDENT FIRM $250

* If your Firm is **NOT** practicing architecture in Arkansas and **DO NOT WISH TO RENEW**, return this form to the Board office .
By selecting **DO NOT WISH TO RENEW** you certify that your Firm **WILL NOT** practice architecture in the State of Arkansas.

INCOMPLETE FORMS WILL RESULT IN NON-RENEWAL OF YOUR CERTIFICATE OF AUTHORIZATION.
All questions must be answered and signed, and the requested information provided or your Certificate of Authorization will not be renewed, and late penalties will apply.

Section One
Firm Contact Information

Firm License Number

Phone Number 1 | Ext

Phone Number 2 | Ext

Fax Number

Select organization type:

◯ Corporation ◯ Partnership ◯ Limited Liability

NOTE: *Each Arkansas licensed architectural Firm is required to maintain a current mailing address and physical address of its main office and each office located in the State of Arkansas. The Board office is to be notified of any changes within 30 (thirty) days after the effective date of any such change.*

Firm Name*

** (If you practice architecture as a firm in Arkansas, the firm must be appropriately licensed. See Arkansas Code Annotated § 17-15-303 and Rules and Regulations, Section VIII.)*

Please indicate address type: ◯ Business ◯ Residence

Address*

City | State | Zip Code

** (all postal correspondence will be mailed to this address)*

E-mail Address*

** (all e-mail correspondence will be sent to this address)*

Web Address

Jurisdiction in which Firm is incorporated

THIS SECTION FOR BOARD OFFICE USE ONLY

DATE RECEIVED:	CHECK DATE:	CHECK AMOUNT:	RENEWAL REVIEWED BY:	STATUS:
NAME ON CHECK:	APPROVED BY:	DENIED BY:		

(Complete for Board filing purposes)

2009 FIRM RENEWAL

Firm License Number		Firm Name	

Section Two

Director/Partner Information

*(List the name of the director or partner who has the practice of architecture in his/her charge for the State of Arkansas. This person **MUST** be registered to practice architecture as an individual in the State of Arkansas.)*

Arkansas Individual License Number	

Last Name	
First Name	
Middle Name	

NOTE: *The person having the practice of architecture in his/her charge must be a partner, if a partnership, or a director, if a corporation, registered and maintain a valid Arkansas individual architects license.* ***FAILURE*** *to maintain valid individual license shall result in* ***REVOCATION*** *of the Firms Arkansas Certificate of Authorization.*

Section Three

Arkansas Office Contact Information

(If you answer yes to the following, provide Arkansas office contact information.)

Does your Firm have an office in Arkansas?	◯ Yes	◯ No

Address					
City		State		Zip Code	
Phone Number		Ext			

(List name of architect in charge of Arkansas office.)

Last Name	
First Name	
Middle Name	
Arkansas License Number	

Section Four

PLEASE READ AND ANSWER THIS SECTION VERY CAREFULLY.

Disciplinary Action

(If you select any of the following 4 (four), submit details and/or a copy of the disciplinary action.)

- ◯ Since December 1, 2007, my Firm's license/registration has been denied, suspended or revoked by a jurisdiction.
- ◯ Since December 1, 2007, my Firm has surrendered and/or allowed a professional license/registration to lapse in a jurisdiction due to pending or threatened disciplinary action.
- ◯ My Firm has been investigated, charged, or disciplined since my last renewal application, or is currently under investigation by a governing or licensing board or by a state or federal agency.

YOUR RENEWAL CERTIFICATE WILL NO LONGER BE MAILED

Go to www.arkansas.gov/arch, to print your Certificate of Authorization.

Renewal **MUST** be **POSTMARKED BY DECEMBER 31, 2008** or you may **RENEW YOUR CERTIFICATE OF AUTHORIZATION AT www.arkansas.gov/arch** beginning December 1, 2008.

The Arkansas State Board of Architects does not offer "inactive" status for Certificate of Authorization license holders.

If your Certificate of Authorization has lapsed, your Firm may not practice architecture in the State of Arkansas.

Section Five

2009 Firm Renewal Certification

(You are required to certify your 2009 Firm Renewal for Certificate of Authorization.)

I certify and affirm with my signature, under risk of sanction, that the information I have provided the Arkansas State Board of Architects is accurate. I also certify that I have read the Arkansas Architectural Act and Rules and Regulations. Additional documentation will be provided if requested. *Note: Providing false information to the Arkansas State Board of Architects is a direct violation of the Board Rules and is subject to enforcement action. The Arkansas Architectural Act and Rules and Regulations may be viewed at www.arkansas.gov/arch.*

SIGNATURE OF PRESIDENT OR GENERAL PARTNER

DATE