



# ARKANSAS STATE BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS AND INTERIOR DESIGNERS

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 Website: http://www.arkansas.gov/asba

Mike Beebe, Governor  
 Kingsley Johnson Glasgow, Executive Director

## 2011\* Certificate of Authorization - Paper Renewal

\*Certificate of Authorization - 2011 Renewal Period - December 1, 2010 thru December 31, 2010

License holders who choose not to utilize our online renewal function **MUST** complete and return this from to ASBALAID. All required documents and fee(s) **MUST** be **RECEIVED** in the ASBALAID office **on or before 4:30 P.M. CST on December 31, 2010, or postmarked by December 31, 2010.** Make your check or money order payable to ASBALAID in the amount of \$250.00. Paper renewals received after December 31, 2010 will be required to include late fee(s) in addition to the current renewal fee.

### ALL CERTIFICATES OF AUTHORIZATION **MUST** BE RENEWED BY DECEMBER 31ST ANNUALLY.

The Arkansas State Board of Architects, Landscape Architects and Interior Designers (ASBALAID),  
 does not offer "inactive" status for holders of Certificates of Authorization.

All Certificates of Authorization will **EXPIRE on December 31, 2010**, and shall become **INVALID on January 1, 2011** unless renewed.  
 Renewals received **AFTER December 31, 2010** will be charged late fee(s) in addition to the current renewal fee.  
 Any registrant who does not properly renew his or her license may not practice architecture after the expiration of the license.  
 Any registrant who continues to practice using an expired license will be subject to disciplinary sanctions.

Select renewal type:	<input type="radio"/> DO NOT WISH TO RENEW*	<input type="radio"/> RESIDENT FIRM \$250	<input type="radio"/> NON-RESIDENT FIRM \$250
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\*By selecting **DO NOT WISH TO RENEW**, you certify that your firm **WILL NOT** practice architecture in the State of Arkansas.

#### Section One Contact Information

Provide name of individual completing renewal:

Last Name

Middle Name

First Name

Phone Number 1  Ext

Phone Number 2  Ext

Fax Number

Arkansas Certificate of Authorization Number

Firm Name

Select organization type:

Corporation  Partnership  Limited Liability

State in which your firm was originally incorporated:

Indicate address type:  Business  Residence

Address\*

City  State  Zip Code

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

**NOTE:** Certificate of Authorization holders are **REQUIRED** to maintain a current mailing address and physical address of their main office and each office located in the State of Arkansas. ASBALAID is to be notified of any changes within thirty (30) days after the effective date of any such change.

E-mail Address\*

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

Section Two

**Director/Partner Information**

Provide the name and individual license number of the Director or Partner in whose charge the practice of architecture is for the State of Arkansas. This person **MUST** be registered to practice as an individual in the State of Arkansas and **MUST** match the information currently on file with ASBALAID.

Firm Director/Partner - Individual License Number

Firm Director/Partner:

Last Name

Middle Name

First Name

**NOTE:** The person in whose charge the practice of architecture is must be a partner, if a partnership, or director, if a corporation, who is registered and maintains a valid Arkansas individual architect's license. **FAILURE** to maintain a valid individual license shall result in **REVOCATION** of your Certificate of Authorization. Any change that occurs in regard to the firm's director/partner status **MUST** be reported to ASBALAID within thirty (30) days after the effective date of the change.

Section Three

**Arkansas Office Contact Information**

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

Does your firm have an Arkansas office?  Yes  No

Address\*

City  State  Zip Code

Arkansas Office Director - Individual License Number

Arkansas Office Director:

Last Name

Middle Name

First Name

Phone Number  Ext

Fax Number

Section Four

**Disciplinary Action**

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

Since December 1, 2009, my firm's license/registration has been denied, suspended or revoked by a state/jurisdiction.

Since December 1, 2009, my firm has surrendered and/or allowed our professional license/registration to lapse in a state/jurisdiction due to pending or threatened disciplinary action.

My firm has been investigated, charged, or disciplined since our last renewal, or is currently under investigation by a governing or licensing board or by a state or federal agency.

Section Five

**2011 Certificate of Authorization - Paper Renewal Certification**

I certify with my signature, under risk of sanction, that the information I have provided the Arkansas State Board of Architects, Landscape Architects and Interior Designers 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 ASBALAID is a direct violation of the Rules and Regulations and is subject to enforcement action. The Arkansas Architectural Act and Rules and Regulations may be viewed at [www.arkansas.gov/arch](http://www.arkansas.gov/arch).

\_\_\_\_\_  
SIGNATURE OF PARTNER/DIRECTOR

\_\_\_\_\_  
DATE

**THIS SECTION FOR BOARD OFFICE USE ONLY**

NAME ON CHECK: <input type="text"/>			STATUS: <input type="text"/>
CHECK NUMBER: <input type="text"/>	CHECK DATE: <input type="text"/>	CHECK AMOUNT: <input type="text"/>	
APPROVED BY: <input type="text"/>	DENIED BY: <input type="text"/>	ACTION DATE: <input type="text"/>	