



ARKANSAS STATE BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS AND INTERIOR DESIGNERS

101 East Capitol Avenue, Suite 110
Little Rock, Arkansas 72201-3822
Telephone: 501-682-3171
Fax: 501-682-3172
E-mail: asba@arkansas.gov
Website: http://www.arkansas.gov/asba

Mike Beebe, Governor
Kingsley Johnson Glasgow, Executive Director

Certificate of Authorization - Reinstatement Application

Certificate of Authorization - Late / Reinstatement Fee(s) **MUST** be enclosed with this application.

Certificates of Authorization which have expired or have been revoked due to non-payment of the annual renewal fee may be reinstated through the payment of the renewal fee in effect at the time, plus a penalty of fifty dollars (\$50.00) per month for the first three (3) months after the certificate has expired or been revoked. Thereafter, an additional penalty of one hundred dollars (\$100.00) for the remainder of one (1) year will be incurred, for a maximum penalty of two hundred fifty dollars (\$250.00) per year for a **maximum of three (3) years**.

Registrants who have allowed their Certificate of Authorization to lapse for a period of **three (3) or more years** **MUST** re-apply through the means by which the initial license was granted.

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.

Select reinstatement type:	<input type="radio"/>	RESIDENT FIRM	<input type="radio"/>	NON-RESIDENT FIRM
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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 on an expired license will be subject to disciplinary sanctions.

Section One Contact Information

Provide name of individual completing application:

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.

My firm license/registration has been denied, suspended or revoked by a state/jurisdiction.

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

Certificate of Authorization Reinstatement Application 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.

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"/>	