

## STATE OF NEVADA

# ARCHITECTURAL REGISTRATION BY RECIPROCITY APPLICATION

Dear Applicant:

In response to your request, enclosed is the application form for architectural registration by reciprocity in the state of Nevada. Please read the qualifications necessary to be eligible for architectural registration before proceeding. If you do qualify, please complete the form and return the original to our office with the appropriate fees. You may wish to keep a copy for your files. Applications will not be processed unless the application is fully completed and any applicable statutory fees are remitted.

This application packet consists of a two-page application, one copy of Chapter 623 of the Nevada Revised Statutes, one copy of the Blue Book publication and a copy of the Nevada Lien Law. If your application package is not complete, please contact the board office.

### QUALIFICATIONS REQUIRED

The state of Nevada requires that all candidates for registration via reciprocity:

1. Hold certification with the National Council of Architectural Registration Boards and have a copy of their Blue Council folder (certificate) transmitted to the board office.
2. Have successfully completed all portions of the NCARB exams administered by NCARB standards at the date of your initial registration or any exam deemed equivalent by the board.
3. Have fulfilled the seismic requirement by exam, completion of an NCARB-approved seismic seminar, or a seismic treatise submitted to another western state. Seismic design was included in the NCARB December 1965 Structural Examination.

### APPLICATION PREPARATION:

1. If the preferred mailing address is not indicated, all correspondence from this office will be sent to your business address.
2. The required photograph should be 2.5" x 2.5" (approximately) and similar to a passport photo, taken not more than 12 months prior to the applications. Black and white photocopies are not acceptable. Affix the photograph firmly to the application on page one. Sign the photograph so as not to obscure features.
3. The application requires two signatures, one of which must be before a Notary Public. The second is on your photograph.
4. An application processing fee of US\$300 must accompany your application (US funds only).
5. Oral interview (discretionary).

Each applicant may or may not be required to appear before the board for an oral interview. The applicant is required to take an open-book written test on Chapter 623 of the Nevada Revised Statutes, Blue Book and Rules of Conduct. The board will review the test, application, integrity and ethical standards for registration in the state of Nevada.



**NEVADA STATE BOARD OF ARCHITECTURE, INTERIOR DESIGN & RESIDENTIAL DESIGN**

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**APPLICATION FOR ARCHITECT REGISTRATION BY RECIPROCITY**

I hereby apply for registration to practice architecture in the state of Nevada by reciprocity.

**\*PLEASE TYPE APPLICATION\***

**\*APPLICATION DOWNLOADED FROM WEB SITE MAY BE COMPLETED ON COMPUTER\***

If you have had a legal name change please attach a notarized document attesting to this fact.

Date: \_\_\_\_\_

Name in Full: \_\_\_\_\_

Social Security: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

How would like your name to appear on your wall certificate \_\_\_\_\_

AFFIX RECOGNIZABLE PHOTO IN THIS SPACE. PHOTO MUST BE SIGNED BY YOU AND DATED. APPROXIMATE PHOTO SIZE: 2 1/2" x 2 1/2"

Firm Name: \_\_\_\_\_

Business Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address for Correspondence:  Business  Residence

Daytime Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Evening Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Citizenship: \_\_\_\_\_  Birth  Naturalized

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_

Jurisdiction of Original Architectural Registration: \_\_\_\_\_

Date Issued: MM/DD/YY \_\_\_\_\_ Registration No. \_\_\_\_\_

Is the registration currently in good standing?  Yes  No (If no, explain on supplemental sheet)

**FOR BOARD USE ONLY**

Entered in database (date/initials) \_\_\_\_\_

Fee received (date/amount) \_\_\_\_\_

Name in Full: \_\_\_\_\_ Date: \_\_\_\_\_

Other Registrations (please use a separate sheet if necessary):

Jurisdiction _____	Reg. No. _____	Date Issued _____	In good standing? <input type="checkbox"/>
Jurisdiction _____	Reg. No. _____	Date Issued _____	In good standing? <input type="checkbox"/>
Jurisdiction _____	Reg. No. _____	Date Issued _____	In good standing? <input type="checkbox"/>

- Yes  No Have you or any firm or business at which you practice architecture provided a proposal to a client, entered into a contract or agreement with a client, prepared drawings for a client, or otherwise performed architectural work for a project located or contemplated in Nevada? (If yes, explain on supplemental sheet)
- Yes  No Has your registration been denied, suspended, or revoked in any jurisdiction? (If yes, explain on supplemental sheet)
- Yes  No Have you surrendered or allowed a registration to lapse in any jurisdiction due to an action pending or threatened? (If yes, explain on a supplemental sheet)
- Yes  No Have you been found by a court or registration board to have violated the architectural registration laws or the professional occupational laws of any jurisdiction? (If yes, provide dates and details including results of any appeals)
- Yes  No Have you ever been convicted of a felony, any crime involving moral turpitude, or a misdemeanor involving fraud, deceit or misrepresentation? (If yes, explain on supplemental sheet)
- Yes  No Are there any felony criminal charges now pending against you? (If yes, explain on supplemental sheet)

Pursuant to NRS 623.225, payment of child support, an applicant for the issuance or renewal of a certificate of registration to practice architecture is required to answer the following questions. A certificate of registration may not be issued or renewed by the board if the applicant fails to do so.

- Yes  No Are you currently subject to a court order, or a plan approved by the district attorney or other public agency enforcing the amounts owed under a court order, for the support of a child?
- Yes  No If yes, are you currently in compliance with the court order and/or plan?

**AFFIDAVIT AND NOTARIZATION**

The undersigned, being duly sworn, upon their oath deposes and says that they are the person making the foregoing statement and that they are made in good faith and are true in every respect. I will not conduct any activities constituting the practice of architecture, registered interior design or residential design for any project located in Nevada or project contemplated for Nevada until such time as the application process is completed and the appropriate license has been granted by the board.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ being first duly sworn, deposes and says: I am the applicant named in this application, have read the contents thereof, and to the best of my knowledge and belief, the foregoing statements are true and correct in every respect, and do realize that a fraudulent statement in this application is probable cause to have my application denied or to have my registration revoked should I be issued one. I have read and do understand Chapter 623 of Nevada Revised Statutes.

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
Signature of Applicant

(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public  
My commission expires \_\_\_\_\_

**Please remit US\$300 with this application. All funds must be submitted in US\$.**