



# ARCHITECT INDIVIDUAL REGISTRATION

## Biennial Renewal Application

### Board of Examination and Registration of Architects

1511 Pontiac Avenue, Bldg 68-2, Cranston, RI 02920  
 Phone: (401) 462-9594 Fax: (401) 462-9532 [www.bdp.state.ri.us](http://www.bdp.state.ri.us)

For Office Use only: Check# _____ Date: _____ Amt. _____
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<ul style="list-style-type: none"> <li>Renewal Expiration Date: 12/31/07</li> <li>Renewal Fee: \$100 Late Fee: \$100 Correction Fee: \$25.</li> <li>Emeritus One Time Fee: \$50</li> <li>Indicate registration number on check.</li> <li>Make checks payable to: Treasurer, State of RI</li> </ul>	<input type="checkbox"/> Yes, I want to renew. <input type="checkbox"/> No, I do not want to renew. Enclosed is my stamp and/or seal pursuant to RI General Laws §5-1-12(b). <input type="checkbox"/> Requesting Emeritus Status – (Honorary Title-Retired Arch Prohibited from Practicing – One Time Fee - \$50)
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It is your responsibility to keep the Board apprised of all address and phone number changes.

RI Architect Registration #: _____ Name: _____ Address: _____ Phone: (    ) _____	Change of Address: (If Applicable) _____ _____ _____ Email address: _____
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Name and Address of Firm or Employer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Email address: \_\_\_\_\_

I HAVE SATISFIED CONTINUING EDUCATION REQUIREMENTS FOR CALENDAR YEARS 2006 AND 2007. YES  NO

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Have you ever been the subject of a formal or informal hearing or inquiry, complaint, or disciplinary action related to your license to practice architecture in any state since your last renewal? YES  NO

If yes, please briefly explain and indicate the jurisdiction on an attachment.

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I know and understand that in order to practice or to offer to practice architecture in Rhode Island, I must obtain a Certificate of Authorization. PLEASE INDICATE BY CHECKING THE BOX.

**RENEWALS RECEIVED AFTER DECEMBER 31 SUBJECT TO PENALTY** – Payment must be postmarked by **December 31**, otherwise your registration will be considered expired. Before practicing or offering to practice architecture in this State, expired registrants **must pay the biennial renewal fee of \$100 plus a \$100 late charge**. Should you wish to allow your registration to lapse, you must return your Rhode Island Architectural Registration Stamp pursuant to RI General Laws §5-1-12(b).

**Registration shall be effective only from and after receipt by the Board of all such amounts as may be due.**

I have read carefully the questions in this application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my registration in the State of Rhode Island. I understand that this is a continuing application and that I have an affirmative duty to inform the Board of Examination and Registration of Architects of any change in the answers to these questions after this application is signed.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_