

KENTUCKY BOARD OF ARCHITECTS

and Certified Interior Designers



APPLICATION FOR ARCHITECT REGISTRATION EXAMINATION

SOCIAL SECURITY NUMBER: _____ NCARB FILE # _____

NAME: _____
Last Name First Name Middle Name Suffix

OTHER NAMES (if applicable): _____
Maiden Name, etc.

BUSINESS ADDRESS: *(If you are a student, unemployed, etc., so state - if self-employed, so state, otherwise you must list your current employer)*

Firm Name: _____

Street: _____

City: _____ State _____ Zip _____

Email: _____

Phone: _____ Fax: _____

RESIDENCE ADDRESS:

Street: _____

City: _____ State _____ Zip _____

Email: _____

Phone: _____ Cellular Phone: _____

FOR CONTACT INFORMATION, USE MY: BUSINESS RESIDENCE (Choose One)

Birthdate: _____ Location: _____

Country: _____

I hereby apply to take the Architectural Registration Exam. (Choose One)

- I am currently enrolled in the Architectural Experience Program and am eligible to test, verified by NCARB.
- I have completed the Architectural Experience Program (Formerly Intern Development Program) and am eligible to test, verified by NCARB.
- I have previously applied to the Kentucky Board to take the Architectural Registration Exam and am reapplying to continue the exam process.

Date Previously Applied: _____

EDUCATIONAL BACKGROUND:

Do not abbreviate information, if possible

Colleges, Universities, Technical Schools
including location (e.g. City, State)

Date Degree Received
(list Month &Year)

Degree Received

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAAB ACCREDITED DEGREE(S) from schools & colleges of architecture:

_____	_____	_____
_____	_____	_____

If you answer YES to any of the following questions, you must explain. Use a separate sheet. The Board may refuse to authorize eligibility to take the A.R.E. or issue a license to any candidate to practice architecture in the Commonwealth of Kentucky, or may impose penalties or sanctions authorized by provisions of KRS 323 or 201 KAR, Chapter 19 if an individual has committed any willful violation of a Kentucky or other state law relating to the practice of architecture.

From KRS 323.120 GROUNDS FOR DENIAL, RENOVATION OR SUSPENSION – CIVIL PENALTY

(1) The board may refuse to issue, reissue, or renew a license, or may issue a private or public reprimand or may probate, suspend, or revoke the license of any architect to practice architecture in the Commonwealth of Kentucky, or may impose any combination of these sanctions for any of the following reasons:

- (a) Gross incompetence or gross negligence in the planning or construction of buildings, as determined by the board;
- (b) Unprofessional conduct, or conduct tending to bring the profession into disrepute, as determined by the board;
- (c) Conviction of a felony;
- (d) Fraudulent or dishonest architectural practice;
- (e) Use of false evidence or misrepresentations in an application for licensing or an application for a renewal certificate;
- (f) Signing or affixing his seal to any plans, prints, specifications of buildings, or reports, which have not been prepared by him personally or by his employees under his supervision;
- (g) Violating any provision of this chapter or administrative regulations promulgated under the chapter;
- (h) Failing to comply with an order issued by the board; or
- (i) Aiding or abetting someone in the unlicensed practice of architecture.

- 1) The applicant has committed an act specified in KRS 323.120 (a) through (i), as enumerated above
 - Yes
 - No
- 2) The applicant has committed a felony offense
 - Yes
 - No
- 3) The applicant has difficulty with chronic alcoholism or persistent drug use
 - Yes
 - No
- 4) The applicant has violated a provision of KRS 323.010-.250 or KAR 201:005-110
 - Yes
 - No
- 5) The applicant has violated registration laws of another jurisdiction
 - Yes
 - No



APPLICANT'S NAME: _____
Last Name First Name Middle Initial Suffix

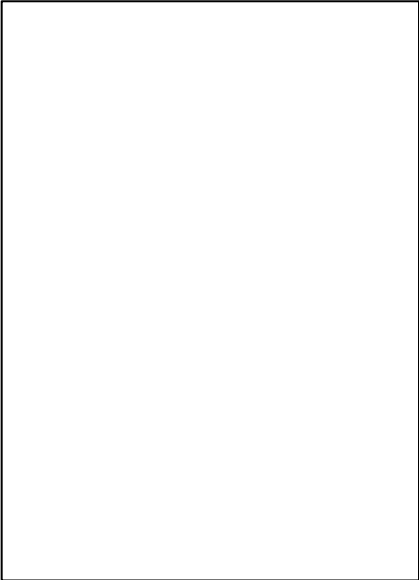
AFFIDAVIT AND NOTARIZATION: I acknowledge I have read and understand the applicable statutes and administrative regulations governing this Board (ref: KRS 323 & 201 KAR, Chapter 19 - see Page 4). The undersigned, being duly sworn, upon his or her oath deposes and says that he or she is the person making the foregoing statements and that they are made in good faith and are true in every respect.

Signature of Applicant

State of: _____
County of: _____

I, _____ a
Notary Public in and for said County in the State
aforesaid, DO HEREBY CERTIFY that

Place recent, color, passport type
photograph of the applicant here



Personally known to me to be the same person whose
name is subscribed to the foregoing instrument,
appeared before me this day in person, and
acknowledged that he or she signed, sealed and
delivered the said instrument as his or her free and
voluntary act, for the uses and purposes therein set
forth.

GIVEN UNDER MY HAND AND NOTARIAL SEAL THIS

_____ DAY OF _____, 20 _____

NOTARY PUBLIC

MY COMMISSION EXPIRES:

NOTARIAL SEAL



TO REVIEW THE KENTUCKY REVISED STATUES GOVERNING THE REGULATION OF ARCHITECTS (KRS 323), including the provisions referenced herein before (KRS 323.010 through KRS 323.250), you may link to the following website:

[KRS Chapter 323](#)

TO REVIEW THE KENTUCKY ADMINISTRATIVE REGULATIONS GOVERNING THE REGULATION OF ARCHITECTS (201 KAR, Chapter 19), including the provisions referenced herein before (KAR 201.005 through KAR 201.110 in Chapter 19) you may link to the following website and scroll to Chapter 19:

[KAR Chapter 19 Board of Architects](#)

***Applicant Do Not Write Below This Line
Board Office Staff Only In This Section***

NCARB NAAB DEGREE CONFIRMED:

_____ *Institution*

_____ *Degree and Date*

NCARB IDP CONFIRMED TRAINING HOURS:

TRAINING UNITS:

Date Received:

NCARB Reviewer:

KYBOA APPROVAL:

_____ *Executive Director*

APPLICATION DENIED:

_____ *Staff Signatures*

EXPLANATION:

Mail completed form & \$100 application fee to: KY Board of Architects, 155 E. Main St., Ste. 300, Lexington, KY 40507