

Regulatory and Criminal History

Have you ever been registered in any other jurisdiction prior to Iowa? Yes No

If yes, please list the jurisdiction, original date of registration and date of expiration:

If the registration has expired, why are you no longer registered: _____

Have you ever:

- a. Practiced, or solicited architectural work or represented yourself as an architect in Iowa prior to having been licensed? Yes No
- b. Been convicted of a felony in any state, federal, or foreign jurisdiction? Yes No
- c. Had an initial or renewal application for a professional license of any type denied or refused? Yes No
- d. Had a professional license of any kind revoked, suspended, cancelled, or otherwise disciplined by a licensing board or agency of any state or a federal agency? Yes No
- e. Surrendered a professional license of any type to resolve a disciplinary investigation or proceeding in any jurisdiction? Yes No

If you answered “yes” to any of the above questions please attach a narrative description of the details and submit copies of the orders or other records that document the event and the current status of the matter.

Affidavit

The applicant agrees as follows:

I will not represent myself as an architect or offer to perform architectural services in this jurisdiction until this application is approved and an architect's license has been granted by this board.

I have read the Iowa Board’s [statues](#) and [rules](#), which govern the activities of my registration in Iowa and I am qualified to practice architecture in Iowa.

I acknowledge that making a false statement to the above questions may subject me to disciplinary action including, but not limited to, immediate revocation or suspension of my registration.

I hereby affirm/attend that all information provided on this entire application is true and correct to the best of my knowledge.

Signed: _____ Date: _____

Payment Information
(This page will be destroyed after processing.)

___ Check

___ Credit Card: VISA MASTERCARD DISCOVER

Fees due:

One-time Application Fee		\$50
Registration Fee	\$5 per month to June 30 renewal date A-K renew even years; L-Z renew odd years	+ \$ _____
Total Fee Due		= \$ _____

Card Number _____ - _____ - _____ Expiration (Month/Year) ____/____

Name of Cardholder _____

Signature of Cardholder _____ Phone Number (____) ____ - _____

Required for Processing

Email Address: _____

Date of Birth ____/____/____

Social Security Number of Licensee: _____ - _____ - _____

Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 261.126(1), 252D.8(1), 272J.8(1) and 193 IAC 4.4. The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed bylaw including Iowa Code § 421.18.

Updated 1-22-2014