

IOWA ARCHITECTURAL EXAMINING BOARD

Application for Reinstatement By

Choose one:  Option 1 (pay penalties + proof of CEU)  Option 2 (NCARB transmittal)

Please print single-sided. Mail completed form and fee to:

Iowa Architectural Examining Board
200 East Grand, Suite 350 | Des Moines, IA 50309
(515) 725-9022 | ArchitectureBoard@iowa.gov | www.plb.iowa.gov

Name: \_\_\_\_\_
First Middle Last

Iowa Registration Number: \_\_\_\_\_

NCARB Certificate Number (if applicable): \_\_\_\_\_

Preferred Address for Correspondence:  Business  Residence

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

City and State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Residence Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

City and State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Is this your daytime telephone number?  Yes  No

If no, please provide daytime number: \_\_\_\_\_

\_\_\_\_\_ I am a veteran, as defined in Iowa Code section 35.1(2). I have attached documentation to verify my status as a veteran. Please consider my application under the veteran provisions of 193 Iowa Administrative Code 14.

Please provide a written statement outlining the professional activities in Iowa during the period of nonregistration; if none, please state as such:



e. 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

f. 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 reinstated by this board.

I have read the Iowa Board's [statutes](#) 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/attest 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**

Amount to be charged: \_\_\_\_\_ (\$200 PLUS reinstatement fee as described below.)

Option 1

- Lapsed for **up to 24 months**: \$200 current renewal fee PLUS \$25 per month of expired license
- Lapsed for **more than 24 months**: \$200 current renewal fee PLUS \$25 per month of expired license, up to a maximum of \$750 (for a total no greater than \$950)

Option 2

- \$200 current renewal fee
- NCARB transmittal fee paid directly to NCARB

*The renewal fee is valid until the next renewal date and is not pro-rated, thus if an applicant applies in May for a registration that should be renewed by June 30, the registration may be valid for less than two months. Individuals whose last name begins A-K renew in even numbered years; L-Z renew in odd numbered years.*

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**