



STATE OF NEW HAMPSHIRE

ARCHITECT REINSTATEMENT \$510.00 – REINSTATEMENT FEE

APPLICATION MUST BE UPDATED FROM YOUR LICENSE EXPIRATION DATE

Check Payable to "Treasurer, State of NH" or
complete the enclosed credit card form (**Non-Refundable Fee**)

1. General Information

Full Name _____
 Last First Middle

Names Previously Used (if applicable) _____ Date of Birth _____

Residence Address _____

Business Name _____

Business Address _____

Indicate mailing address by check box

Business Phone _____ Home Phone _____

Email: _____

2. General Information Questions

CHECK ONE:

YES NO

- | | | |
|---|---|---|
| 1. Have you ever been convicted of any felony or any misdemeanor, or a violation involving architecture or the practice of architecture. If so, name the court, the details of the offense and the date of conviction and the sentence imposed. | □ | □ |
| 2. Have you ever lost or been denied registration/licensure as an architect or disciplined by another licensing board in any other state and if so, an explanation of the circumstances? | □ | □ |

If the answer is yes to any of the above questions, submit a written explanation with your application

3. References of Character and Qualifications

Applicant will give the names, complete addresses, occupation and business relationship with applicant of 3 references from licensed architects as defined by RSA 310-A:28, I. You must mail the enclosed reference form (page 4) to each individual listed below and then include all letters with your reinstatement package.

Name	Address including zip code	Occupation/License	Business Relationship to Applicant

4. N H BOARD OF ARCHITECTS CONTINUING EDUCATION UNIT ACTIVITY LOG

Complete the continuing education unit activity log and **include it** with your completed reinstatement application. An applicant may bring an inactive status by obtaining 12 units of continuing education each year **for a total of 24 hours**. Proof of compliance must be retained for 4 years pursuant to Administrative Rule Arch. 403.04 (c) for random audit verification. **Incomplete activity logs will result in return of your reinstatement and delay in processing of the reinstatement of your license. Add additional log sheets if necessary.**

<u>LICENSE EXPIRATION DATE</u>		NAME:	
From:	To: PRESENT	LICENSE NO:	

	Date(s) or Date Range	Nature of Activity and Sponsoring Organization	CEU's for this Activity
			Cumulative CEU's for this year

Include additional pages if necessary

5. Affidavits

RULES OF PROFESSIONAL CONDUCT

I certify to the best of my understanding, knowledge and belief that I have adhered to and agree to abide by the ethical and professional standards of New Hampshire Code of Administrative Rules Arch 500; and

I attest that the information contained in this form is true and correct to the best of my knowledge and belief and acknowledge that the provision of false information in the application is a basis for disciplinary action by the board:



SIGN HERE: _____

ADDRESS ALL COMMUNICATIONS TO:

DATE: _____

NHOPLC – BOARD OF ARCHITECTS
7 EAGLE SQUARE
CONCORD NH 03301

Find us on the on-line at <https://www.oplc.nh.gov/architects/index.htm>

Re: Application of _____

(NAME IS REQUIRED)

THIS IS CONFIDENTIAL INFORMATION - FOR USE OF BOARD MEMBERS ONLY

1. What is your full name _____
(to be typewritten or printed)
2. What is your present business or profession? _____
3. Are you a licensed Architect? _____ If yes, in what State? _____
Yes No
4. How long have you known the applicant? _____
5. Are you in any way related to the applicant? _____
6. What has been your business connection with the applicant? _____

7. Do you know anything reflecting adversely on the integrity or general good character of the applicant?

8. Please give a brief estimate of the applicant as an architect. _____

9. Would you employ the applicant in a position of trust? _____
10. If the applicant is connected with a firm, please provide its name and address.

Position he/she fills _____

11. Is the applicant qualified to be placed in responsible charge of design or supervision of work with full authority to change designs or specification? _____
12. If the applicant is in individual practice, please indicate the nature of such practice _____
13. Do you recommend the applicant for licensure as an architect? _____
14. Remarks concerning the applicant _____

I make the above statements with full knowledge that the person referred to is making application for licensure to the State of New Hampshire as an Architect.

Date _____

Written Signature _____

Credit Card Sheets are not accepted via e-mail.

Credit Card sheets can be faxed to 603-271-7928 or
mailed to Board of Architects, 7 Eagle Square, Concord NH 03301

**You may pay your fee with a credit card by filling out this form.
This page will be destroyed after the transaction has taken place – Please single
sided use only**

Profession:		Amount Due:	
Licensee Name:		License Number:	
Card Type: (please select one)	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	(required)
Card Number:			(required)
Expiration Date:	Month:	Year:	(required)
Billing Name and Address (your billing address must match the address associated with the credit card you are using.)			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			

Rev. 1/10

DO NOT EMAIL THIS FORM