

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: _____

OPLC – TECHNICAL DIVISION
121 SOUTH FRUIT STREET, SUITE 201
CONCORD NH 03301

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

rev. 10/12/16

NEW HAMPSHIRE BOARD OF ARCHITECTS
121 SOUTH FRUIT STREET, SUITE 201
CONCORD, NH 03301

Dear Sir/Madam:

An individual has applied for reinstatement to the Board for Licensure as an Architect in the State of New Hampshire and has given your name either as a reference or has stated that he/she has worked for or with you. We will, therefore, appreciate your sending us information requested on the reverse hereof, and assure you that such information as you give will be treated in the strictest confidence.

Any person signing this statement will be expected to know the following:

This Board is required by law to obtain evidence of good character and qualifications of applicants for licensure as an Architect. Statements by responsible persons with actual knowledge of the applicant's character and qualifications, if made on this form, will be filed by the Board for consideration as evidence in such connection.

The Board desires to emphasize that evidence submitted on these forms should not be perfunctory, nor made for the mere purpose of aiding the applicant to be licensed.

Since the board cannot review the application until replies are obtained from these references a prompt reply will expedite our handling of the applicant's request for licensure. **Please make certain that you enter the applicant's name on the reference form.**

Very truly yours,



Bobbie Carter
Program Specialist

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 _____

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Note: This page may be printed or copied on a 3 by 10 label sheet to create mailing labels for use with reference letter envelopes, etc. This setup is for Avery label 5960.

Credit Card Sheets are not accepted via e-mail.

You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.

Fax: 603-271-7928

This page will be destroyed after the transaction has taken place.

Transaction Type:		Amount Due:	
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 :			