



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
 7 Eagle Square, Concord, NH 03301-2412  
 Phone: 603-271-2152

**Application for Reinstatement of Licensure as an Architect**

**\$355.00 Reinstatement Fee**

The application must be legible and filled out completely

Name:		
Last	First	Middle
Names Previously Used (if applicable):		Date of Birth:
Home Mailing Address:		
Home Phone #:	E-mail Address:	
Employers Name:		
Employers Address:		
Employers Phone		

	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, which has not been annulled or previously reported? If so, name the court, the details of the offense and the date of conviction and the sentence imposed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever lost or been denied registration/licensure as an architect or disciplined or sanctioned by another licensing board, which has not been previously reported, in any other state and if so, an explanation of the circumstances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I attest that I have complied with the continuing education requirements of Arch 403.08 – <b>You must submit either: Certificates of attendance or completed continuing education transcripts from a professional society or institution for all credits claimed.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If the answer is yes to any of the above questions, submit a written explanation with your application</b>			

### References of Character and Qualifications

Applicant will give the name and address of not fewer than three licensed architects, unrelated to the applicant, all of which are in good standing, having personal knowledge of the applicant's experience. No member of the board will be accepted as reference. Reference forms must be sent to the listed reference by the licensee. The licensee must then submit the required reference forms with the reinstatement application.

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

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application are material, not only to the issuance of the certificate of licensure, as applied for, but also to the retention of said certificate, if issued.

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Signature of Applicant

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Date