



State of New Hampshire
Office of Professional Licensure & Certification

7 Eagle Square, Concord NH 03301
Phone: 603-271-2152

Required Forms

Professional Board: Architects

For more information visit: [Board of Architects @ OPLC](#)

Enclosed:

1. Membership in Professional or Scientific Associations
2. Practical Experience
3. Supplementary Experience Record
4. Public and Community Service
5. Optional Request for Verification of Licensure or Examination
6. Personal & Professional References

Membership in Professional or Scientific Associations

Name of Organization	Location	Grade or Membership	Date

Practical Experience

This information described below is a summary of your experience, and should start with your first employer.

Key	Date	1. Name of Employer- Title of Position	Name and present address of someone familiar with each position, preferably person to whom applicant reported or with whom he/she was associated.
	Indicate years	2. Location and Character of Each Position	
	From to	3. Degree of Responsibility	

Supplementary Experience Record

The information described below is your supplementary experience record of the architectural projects or assignments you were involved in, and should start with your first project or assignment. Please use a separate sheet if necessary.

<i>Brief description and identification of the project or assignment by job title, location, and total cost</i>	<i>Indication as to which of the employers listed in (7) for which the project or assignment was undertaken</i>	<i>Identification as to what portion of the work you were personally responsible for</i>

Public and Community Service

Name of Organization	Location	Grade or Membership	Date

OPTIONAL REQUEST FOR VERIFICATION OF LICENSURE OR EXAMINATION

PART A. Candidate Information – To be completed by the Candidate

Applicant Name:	Date of Birth:
Address:	
City	State
Zip	

PART B. To be completed by verifying Board and returned directly to the applicant.

I. THE ABOVE NAMED PERSON WAS LICENSED AS AN:	Certificate	Date	Valid
	Number	Issued	Until
<input type="checkbox"/> ARCHITECT			
II. MINIMUM REQUIREMENTS WERE:			
1. <input type="checkbox"/> Written Exam	Date Completed		
2. <input type="checkbox"/> Reciprocity	From what State?		
3. <input type="checkbox"/> NCARB Record			
4. <input type="checkbox"/> Other:			
III. QUESTIONS			
1. Has any disciplinary action ever been taken against the applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. If so, has the disciplinary case been satisfied to the Board's requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no please explain			
State:			
By:			
Title:	Mandatory Board Seal		
Date:			

Reference Form

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 _____