

## **MONTANA BOARD OF ARCHITECTS AND LANDSCAPE ARCHITECTS**

(301 South Park, 4<sup>TH</sup> Floor (Delivery)  
P. O. Box 200513  
Helena MT 59620-0513  
(406) 444-5711  
E-mail: [dlibsdark@mt.gov](mailto:dlibsdark@mt.gov)  
Website address: [www.architect.mt.gov](http://www.architect.mt.gov)

### **ARCHITECT LICENSE APPLICATION BY EXAM**

**DO NOT FAX APPLICATIONS – We must receive original signature and do not accept faxed applications.**

#### **GENERAL INFORMATION**

- This application is to be completed once you have passed the ARE and have a complete NCARB record
- Illegible and incomplete applications will be returned.
- Complete and routine applications will be processed within 14 days.
- Please review the Montana laws and rules regarding the practice of architecture in Montana.

#### **ORIGINAL LICENSE APPLICATION FEE**

- \$80.00

Make check or money order payable to the Montana Board of Architects and Landscape Architects. **DO NOT send cash.**

#### **REQUIRED DOCUMENTS**

- A completed application and fee.
- A current NCARB Record transmitted directly from NCARB

#### **REQUIRED ADDITIONAL FORMS**

• **Verification of Licensure:** The verification of licensure form on page 5 of the application must be completed by all states where you hold or have ever held a license. License verification must be sent directly to Montana from each state/province/territory.

#### **APPLICATION PROCEDURES**

- Submit a complete application and all required documentation.
- All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. You may make copies of the attached verification request form as needed (Page 6 of the application), or the jurisdiction may provide their own form. Some states may charge a fee for verifications. Contact each state board prior to sending the request.
- Please make sure all required documents are submitted with a completed application. Incomplete applications cause delays in processing.
- Keep the board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.
- A routine application may take up to 14 days to process once it is complete.
- The applicant will be notified in writing of any deficient or missing items from the application file.

Applicants may contact the National Council of Architectural Registration Boards (NCARB) for additional information and requirements at: 202-783-6500 or at: [www.ncarb.org](http://www.ncarb.org)

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(301 South Park, 4<sup>TH</sup> FLOOR - Delivery)  
P. O. Box 200513  
Helena MT 59620-0513  
(406) 841- 2017 FAX (406) 841-2309  
E-mail: [dlibsdark@mt.gov](mailto:dlibsdark@mt.gov)  
Website address: [www.architect.mt.gov](http://www.architect.mt.gov)

**Architect License Application by Exam**

Application Fee:  \$80.00

**Complete routine applications will be processed within 14 days**

1. FULL NAME: \_\_\_\_\_  
Last First Middle

2. OTHER NAME(S) KNOWN BY \_\_\_\_\_

3. BUSINESS NAME \_\_\_\_\_

4. BUSINESS ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip

5. HOME ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip

6. PREFERRED MAILING ADDRESS Business Home

7. E-MAIL \_\_\_\_\_

8. TELEPHONE (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Business Home Fax

9. SOCIAL SECURITY NUMBER \_\_\_\_\_

10. DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ MALE  
FEMALE  
City / State

**11. PROFESSIONAL LICENSES:**

List all professional licenses you hold or ever have held. License verification must be sent directly to Montana from each state/province/territory. See Page 7 of the application.

State	License #	License Type	Issue Date	Expiration Date	License Method	Requested State Verification
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

**DISCIPLINARY QUESTIONS:**

Please read carefully & answer questions completely and truthfully, it may affect your licensure.

12. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

13. Have you ever withdrawn an application for licensure prior to the licensing agency’s decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

14. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

15. Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

16. Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

17. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source.  Yes  No

18. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

19. Is there a pending complaint against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

20. Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your professional or occupation? If yes, please attach a detailed explanation and provide documentation from the source.  Yes  No

21. Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition.  Yes  No

22. Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution.  Yes  No

If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years and that resulted in fines of less than \$200; and (2) convictions prior to your 18<sup>th</sup> birthday unless you were tried as an adult.

23. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.  Yes  No

24. Have you been diagnosed within the past 5 years with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.  Yes  No

25. Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source.  Yes  No

**Affidavit**

I authorize the release of information concerning my education, training and record by anyone who might possess such information to the Montana Board of Architects and Landscape Architects.

I hereby declare the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application. I have read and am familiar with the applicable licensure laws of the State of Montana and the application and examination instructions. I accept the rules and procedures outlined in these documents as the basis for my application.

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Applicant Signature

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Date

**VERIFICATION OF LICENSURE**

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE AS A \_\_\_\_\_. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

I am applying for a license to practice \_\_\_\_\_ in the State of Montana. The Board of \_\_\_\_\_ requires this form to be completed by each state wherein I hold or ever have held a professional/occupational license. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF \_\_\_\_\_, P. O. BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513.** Your early response is appreciated.

\_\_\_\_\_  
(Signature) Name: \_\_\_\_\_  
(Please print)

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

My License Number is: \_\_\_\_\_

**DO NOT DETACH** -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF \_\_\_\_\_

State of: \_\_\_\_\_

Full Name of Licensee: \_\_\_\_\_

License No. \_\_\_\_\_ Issue Date: \_\_\_\_\_

License is current? \_\_\_\_\_ If NO, explain \_\_\_\_\_

Has license been suspended, revoked, placed on probation or otherwise disciplined? \_\_\_\_\_

If YES, explain and attach documentation \_\_\_\_\_  
\_\_\_\_\_

Has licensee ever been requested to appear before your Board? \_\_\_\_\_

If YES, explain \_\_\_\_\_

Derogatory information, if any \_\_\_\_\_

Comments, if any \_\_\_\_\_

**BOARD SEAL**

Signed: \_\_\_\_\_  
Title: \_\_\_\_\_  
State Board: \_\_\_\_\_ Date: \_\_\_\_\_