

## **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 APPLICATION BY CREDENTIALING ARCHITECT REAPPLICATION OF A MONTANA TERMINATED LICENSE**

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

#### **GENERAL INFORMATION**

- This application is to be completed if you are an applicant who holds a valid license to practice architecture in another state or jurisdiction **OR**
- Are reapplying due to termination of a previous Montana architect license.
- Complete and routine applications will be processed within 14 days.
- Please review the Montana laws and rules regarding the practice of architecture in Montana.

#### **LICENSE REQUIREMENTS**

- The applicant must have a current **NCARB Council Record** for applicants applying for licensure from another state.
- The applicant for licensure by credentialing must hold a valid license to practice architecture in another state or jurisdiction.
- The applicant applying due to a **terminated license** status must reapply for licensure and submit a current NCARB Council Record and verification of previous licensure from the licensing entities in **ALL** states where the applicant has been licensed.

#### **FEES**

Application fee: **\$180.00**

Make check or money order payable to the Montana Board of Architects and Landscape Architects (all fees are non-refundable). PLEASE DO NOT SEND CASH.

#### **REQUIRED DOCUMENTS**

- A complete application and fee
- NCARB Record showing a current Certificate, transmitted directly to the Board from NCARB
- Verification of Licensure from all jurisdictions where the applicant currently holds, or has ever held an architect license

#### **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 verification. 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.

#### **PROCESSING PROCEDURES**

- A routine application may take up to 14 days to process once it is complete.
- A non-routine application may take up to 120 days to process
- The applicant will be notified in writing of any deficient or missing items from the application file.

#### **ADDITIONAL INFORMATION**

Any applicant who once held a Montana Architect license and is reapplying due to a **terminated license** status must reapply for licensure and submit a current NCARB Council Record showing current Certification, transmitted directly to the board from NCARB. Please be aware that the application may be considered non-routine and may be scheduled for review at the next board meeting. Please refer to the Board Information/Board Meetings tab on the Board website for specific meeting dates.

The Montana Board of Architects and Landscape Architects does not issue temporary licensure. A nonresident architect may solicit business to perform architectural services in this state **without compensation** upon submission to the board of verification of the following:

- a current, unrestricted architectural license issued by the state where the architect's principle office is located by providing the Verification of Licensure for Solicitation of Business (**page 6**) or other state verification form; **and**
- a current NCARB certificate.

A nonresident architect may not accept a commission or **otherwise engage** in the practice of architecture within the State until licensed by the Board.

Applicants may contact the National Council of Architectural Registration Boards (NCARB) for any information regarding record transmittals or how to obtain a NCARB record at (202) 783-6500 or at: [www.ncarb.org](http://www.ncarb.org).

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**Architect Application by Credentialing  
Architect Reapplication by of a Montana Terminated License**

Application for Licensure by:

Credentials - \$180.00

Reapplying due to previous Montana license terminated - \$180.00

**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

**11. PROFESSIONAL LICENSES:**

List all professional licenses you hold. You may attach an additional sheet if necessary. This information is simply requested for board records as part of your application.

| State | License # | License Type | Issue Date | Expiration Date |
|-------|-----------|--------------|------------|-----------------|
|       |           |              |            |                 |
|       |           |              |            |                 |
|       |           |              |            |                 |
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|       |           |              |            |                 |

**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 occupational 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, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Architects and Landscape Architects.

I hereby declare under penalty of perjury 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 or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

**VERIFICATION OF LICENSURE FOR SOLICITATION OF BUSINESS**

STATE BOARD OF:

I am soliciting architectural work in the in the State of Montana. The Montana Board of Architects and Landscape Architects requires this form to be completed by the state in which I hold a current unrestricted license and in which my principal office is located. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **MONTANA BOARD OF ARCHITECTS AND LANDSCAPE ARCHITECTS 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 ARCHITECTS AND LANDSCAPE ARCHITECTS.

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: \_\_\_\_\_