

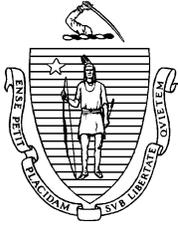
The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Registration of Architects
1000 Washington Street, Suite 710
Boston, Massachusetts 02118-6100
www.mass.gov/dpl
617-727-3229

Reinstatement Policy for Lapsed/Expired Architectural License
There is no INACTIVE status in Massachusetts

1. For those licenses expired within the last three years (3):
 - License reinstatement fees are now capped at the cost of license renewal for two licensing cycles, plus one late fee. (Board will notify you of the appropriate fee)
 - A renewal coupon may be printed and mailed for submission
 - Proof of continuing education units (CMR 231 3:06) for the last two years

2. For those licenses expired more than three (3) years ago but less than ten years (10):
 - Submit to the Board a reinstatement application and application fee of \$113.00
 - License reinstatement fees are now capped at the cost of license renewal for two licensing cycles, plus one late fee. (Board will notify you of the appropriate fee)
 - Submit to the Board graphic evidence of three (3) current projects whose scope is appropriate to the scope of the project for which the registrant desires to be licensed.
 - Submit to the Board three (3) reference letters from each of the clients whose projects are being presented.
 - The requirement to submit three (3) current projects and three (3) corresponding reference letters may be waived upon submission of a current NCARB certificate; if this applies to you, you must request NCARB send your certificate to the Board office.
 - Provide the Board a brief written history of your practice since your license lapsed.
 - You may be required to appear for a personal interview before the Registration Board.
 - Proof of continuing education units (CMR 231 3:06) the last two years

3. For those licenses expired for more than ten years (10):
 - You may be required to take the current A.R.E. examination (computer examination).
 - Submit to the Board a reinstatement application and application fee of \$113.00
 - License reinstatement fees are now capped at the cost of license renewal for two licensing cycles, plus one late fee. (Board will notify you of the appropriate fee)
 - Submit to the Board graphic evidence of three (3) current projects whose scope is appropriate to the scope of the project for which the registrant desires to be licensed.
 - Submit to the Board three (3) reference letters from each of the clients whose projects are being presented.
 - Provide the Board a brief written history of your practice since your license lapsed.
 - You may be required to appear for a personal interview before the Registration Board.
 - The requirement to submit three (3) current projects and three (3) corresponding reference letters may be waived upon submission of a current NCARB certificate; if this applies to you, you must request NCARB send your certificate to the Board office.
 - Proof of continuing education units (CMR 231 3:06) the last two years



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Architectural Reinstatement Application Fee--\$113.00

BOARD USE ONLY	
Board: _____	
License #: _____	
Type: _____	
Cash #: _____	
Cash Date: _____	

Please attach recent

2" X 2"

passport photograph here

- Applicant Name: _____
 Last First Middle
- Previous Name: _____
- Current License#: _____ License Expiration Date: _____
- Are you an NCARB Certificate holder? Yes: No: NCARB Certificate No.: _____

BOARD USE ONLY		
Status Code: _____	Issue Date: _____	Lic. Exp. Date: _____

- Date of Birth: _____ Place of Birth: _____
- Permanent Address: _____
 No. Street Apt. #
 City/Town State Zip Code
- Business Address (If Applicable): _____
 No. Street Apt. #
 City/Town State Zip Code
- Telephone Number-Day: _____ Evening: _____
- List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. (use additional sheets if necessary)

State	License Number	Issue Date	Current	Lapsed

10. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: No:
If yes, please state the details (use a separate sheet if necessary):

11. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: No:
If yes, please state the details (use a separate sheet if necessary):

12. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: No: If yes, please state the details (use a separate sheet if necessary):

13. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: No:
If yes, please state the details (use a separate sheet if necessary):

14. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes: No: If yes, please state the details (use a separate sheet if necessary):

15. Do you hold an NAAB or CACB accredited degree? Yes: No:
If yes, please list school name, year of graduation, and degree obtained:

16. Under what name or firm name are you practicing or do you expect to practice Architecture in Massachusetts?

17. Position with Firm: _____

18. Number of years with firm: _____

19. Date Massachusetts Registration lapsed: _____

20. Reason for lapsed Massachusetts Registration: _____

21a. Provide a brief history of your practice in MA since your Massachusetts Registration lapsed:

21b. Provide a brief history of your practice in other jurisdictions since your Massachusetts Registration lapsed:

22. Method of original Massachusetts Registration (examination/reciprocity): _____

23. State of Initial Registration: _____
License#: _____ Date issued: _____ Expiration date: _____

24. You must provide graphic evidence of at least three projects for which you have been either the architects of record or had substantial responsibility (if not the architect of record, a detailed description of responsibility). Photographs and brochures may be acceptable for evidence. Or in lieu of submitting three (3) current projects and three(3) corresponding reference letters you can file a reciprocity application (Blue Book) through NCARB, telephone #202-783-6500. (you must be certified by NCARB and hold a current license in another jurisdiction to be considered eligible for reciprocity)

25. You must provide reference letters from the clients of each of the three projects that you are submitting.

26. I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be ground for the Massachusetts Board of Registration of Architects to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts law. In addition, the Board is registered under the provision of M.G.L. c. 6 § 172 to receive Criminal Offender Record Information (CORI) for the purpose of screening current licensees and otherwise qualified prospective license applicants. CORI must be checked as part of your licensing process and no convictions contained in a CORI are automatic disqualifiers. In order to complete the CORI check process, please fill out the CORI Acknowledgment Form on Pages 5 & 6.

Signature of applicant

Date:

**CRIMINAL OFFENDER RECORD INFORMATION
(CORI) ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of the boards of registration pursuant to M.G.L. c. 13, § 9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that the Division of Professional Licensure must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 4 of this Application documentation is true and accurate.

Signature

Date

NOTE: DPL CANNOT ACCEPT THIS CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER: (1) SIGNED IN PERSON AT THE BOARD'S OFFICE IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKewise VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE DIVISION OF PROFESSIONAL LICENSURE, 1000 WASHINGTON STREET, SUITE 710, BOSTON, MA 02118.

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

*Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

IDENTITY VERIFICATION SECTION: If this form is submitted by hand at DPL Offices, Section A must be completed. Otherwise, Section B must be completed.

SECTION A: VERIFICATION BY DPL EMPLOYEE: I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:¹

Passport State Issued driver's license Military identification State-issued identification card

VERIFIED BY: _____
Name of Verifying DPL Employee (Please Print)

Signature of Verifying DPL Employee Date

SECTION B: VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification which was the following:[†]

Passport State Issued driver's license Military identification State issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he/she) signed it voluntarily for its stated purpose.

Notary Public: Notary Commission Expires On

¹ If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).

Be sure to include this page with your completed application

MANDATORY

My social security number is:

- -

Pursuant to G.L. c. 62C, § 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you comply with the tax laws of the Commonwealth.