

STATE OF NEVADA ARCHITECTURAL REGISTRATION BY EXAMINATION APPLICATION AND INSTRUCTIONS

Following are the instructions and application for architectural registration by examination in the state of Nevada. Please read the qualifications necessary to be eligible for architectural registration. If you qualify, please complete the application form and return it to our office with the \$50.00 application fee.

Applications will not be processed unless the application is complete and all fees are remitted.

QUALIFICATIONS FOR ARCHITECTURAL REGISTRATION BY EXAMINATION

The state of Nevada requires that all candidates for registration by examination:

- Be at least 21 years of age and of good moral character.
- Have obtained a professional degree in architecture from a program accredited by the National Architectural Accrediting Board (NAAB).
- Complete the NCARB Architectural Experience Program (AXP), formerly known as the Intern Development Program (IDP).
- Pass the Architect Registration Examination (ARE).

INSTRUCTIONS

- The applicant must contact NCARB and request transmittal of their NCARB record to the board.
- Complete the application fully and sign on the last page.
- Indicate if your business or home address will be your public address. If no indication is made, your business address will be public. Please note, your public address cannot be a P.O. Box.
- The photograph should be 2.5" x 2.5" and similar to a passport photo. It must be recent, taken in the past 12 months. Photographs can be digital.
- An application processing fee of \$50 must accompany your application. If paying with a credit card please use the [credit card authorization form](#), which can be found on the "Forms" page of the board website.
- Completed applications can be submitted via email to nsbaidrd@nsbaidrd.nv.gov or mailed to NSBAIDRD, 2080 E. Flamingo Rd., Suite 120, Las Vegas, NV 89119.
- The applicant will be required to take an open-book jurisprudence quiz. The quiz will be sent to you once your application has been processed and reviewed. Please download the following documents to familiarize yourself with Nevada law:
 - [Nevada Revised Statutes, Chapter 623](#)
 - [Nevada Administrative Code, Chapter 623](#)
 - ["The Blue Book"](#)
 - [Rules of Conduct for Architects](#)
 - [Nevada Lien Law](#)
- The applicant is required to be sworn-in as the final step in the registration process.



NEVADA STATE BOARD OF ARCHITECTURE, INTERIOR DESIGN & RESIDENTIAL DESIGN

2080 E. Flamingo Rd., Suite 120
Las Vegas, NV 89119
(702) 486-7300 - Phone
(702) 486-7304 - Fax
email: nsbaidrd@nsbaidrd.nv.gov
website: nsbaidrd.org

APPLICATION FOR ARCHITECT REGISTRATION BY EXAMINATION

I hereby apply for registration to practice architecture in the state of Nevada by examination.

PLEASE TYPE APPLICATION

Name in Full: _____ Date: _____

Social Security No.: _____ Driver's License No.: _____

Public Address (cannot be P.O. Box): Residence Business

Street: _____

Residence Address City: _____ State: _____ Zip Code: _____

Telephone No.: _____

Firm Name: _____

Street: _____

Business Address City: _____ State: _____ Zip Code: _____

Telephone No.: _____

Email Address: _____

Present Position with Firm: _____

Date of Birth: _____

Place of Birth: _____

City/State or Country

Citizenship:

U.S. By Birth

Naturalized Other (Explain):

AFFIX A CLEAR PHOTO IN
THIS SPACE.

APPROXIMATE PHOTO SIZE:
2 ½" x 2 ½"

FOR BOARD USE ONLY

Entered in database (date/initials) _____

Fee received (date/amount) _____

Name in Full: _____ Date: _____

A. EDUCATION

Indicate, in chronological order, the name and address of each college, university or technical school attended and the information requested below:

Name/Address of Institution	_____	Years (From-To)	_____
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Course of Study	_____	Credits Earned	_____	Year Graduated	_____	Name of Degree	_____
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Name/Address of Institution	_____	Years (From-To)	_____
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Course of Study	_____	Credits Earned	_____	Year Graduated	_____	Name of Degree	_____
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Name/Address of Institution	_____	Years (From-To)	_____
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Course of Study	_____	Credits Earned	_____	Year Graduated	_____	Name of Degree	_____
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B. PROFESSIONAL AND FRATERNAL ORGANIZATION MEMBERSHIP

Name/Address of Organization	_____	Grade of Membership	_____	Date (From-To)	_____
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Name/Address of Organization	_____	Grade of Membership	_____	Date (From-To)	_____
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Name/Address of Organization	_____	Grade of Membership	_____	Date (From-To)	_____
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Name/Address of Organization	_____	Grade of Membership	_____	Date (From-To)	_____
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Name/Address of Organization	_____	Grade of Membership	_____	Date (From-To)	_____
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Name/Address of Organization	_____	Grade of Membership	_____	Date (From-To)	_____
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C. PUBLIC AND COMMUNITY SERVICE

Describe below those public and community activities in which you have been involved:

Name in Full: _____

Date: _____

D. PRACTICAL EXPERIENCE.

Read all of the following instructions before completing this section. **Begin with first employer.**

Full Name and Complete Current Address of Employer		Date of Employment
		From _____ To _____
Total Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Sub-Professional <input type="checkbox"/> Part Time <input type="checkbox"/> Professional	Other (Explain) _____

Full Name and Complete Current Address of Employer		Date of Employment
		From _____ To _____
Total Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Sub-Professional <input type="checkbox"/> Part Time <input type="checkbox"/> Professional	Other (Explain) _____

Full Name and Complete Current Address of Employer		Date of Employment
		From _____ To _____
Total Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Sub-Professional <input type="checkbox"/> Part Time <input type="checkbox"/> Professional	Other (Explain) _____

Full Name and Complete Current Address of Employer		Date of Employment
		From _____ To _____
Total Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Sub-Professional <input type="checkbox"/> Part Time <input type="checkbox"/> Professional	Other (Explain) _____

Full Name and Complete Current Address of Employer		Date of Employment
		From _____ To _____
Total Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Sub-Professional <input type="checkbox"/> Part Time <input type="checkbox"/> Professional	Other (Explain) _____

Name in Full: _____

Date: _____

E. ARREST RECORD

Have you ever been arrested for any offense (misdemeanor or felony) for anything other than a traffic violation?

Yes No

If your answer is yes, explain by attachment in full detail, giving dates, offense, places, names, the outcome and penalties, if any.

F. CHILD SUPPORT

Pursuant to NRS 623.225, payment of child support, an applicant for the issuance or renewal of a certificate of registration to practice architecture is required to answer the following questions. A certificate of registration may not be issued or renewed by the board if the applicant fails to do so.

1. Are you currently subject to a court order or a plan approved by the district attorney or other public agency enforcing the amounts owed under a court order for the support of a child?

Yes No

2. If so, are you currently in compliance with the court order and/or plan?

Yes No

G. SPOUSE/DOMESTIC PARTNER OF ACTIVE MILITARY

Are you the spouse/domestic partner of an active military member of the Armed Forces of the United States?

Yes No

If your answer is YES, you must provide supporting documentation to verify that this information is true. Per Nevada Executive Order 2012-11, expedited application processing will be granted to the applicant upon receiving verifying documentation.

Name in Full: _____

Date: _____

AFFIDAVIT

I do not have any architectural commissions nor have I solicited any work or prepared any sketches for any client or associate for any project located in Nevada prior to or at the time of this application. Nor do I propose same prior to my registration. I do realize that practicing architecture for any project located in Nevada without a Nevada registration is a violation of Chapter 623 of the Nevada Revised Statutes.

AUTHORIZATION AND RELEASE

I hereby authorize any individual, company or institution with whom I have been associated, to furnish the Nevada State Board of Architecture, Interior Design and Residential Design with any information concerning my qualifications for registration in Nevada which they have on record or otherwise, and do hereby release the individual, company or institution and all individuals connected therewith, from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

I, _____, being the applicant named in this application, do hereby attest under penalty of perjury that on _____, 20____, I have personally:

- 1) Read the contents thereof and to the best of my knowledge and belief the foregoing statements are true and correct.
- 2) Do realize that a fraudulent statement in this application is probable cause to have my application denied or revoked, should I be issued one.
- 3) Read and do understand Chapter 623 of the Nevada Revised Statutes.

Signed and attested to this ____ day of _____, 20____

Signature of Applicant