

STATE OF NEVADA

RESIDENTIAL DESIGN REGISTRATION BY EXAMINATION APPLICATION

Dear Applicant:

In response to your request, enclosed is the application form for residential design registration by examination in the state of Nevada. Please complete the form and return the original to our office with a \$300.00 examination fee. You may wish to keep a copy for your files. An application will not be processed unless it is fully completed and applicable statutory fees are remitted.

This application packet consists of a five-page application, one copy of Chapter 623 of the Nevada Revised Statutes, one copy of the Nevada Lien Law, five letter of reference forms, and three work verification forms. If your application package is not complete, please contact the board office.

QUALIFICATIONS

In accordance with NRS 623.190, any person who is at least 21 years of age and of good moral character may apply to participate in the residential designer exams, provided they have a combination of education and practical training credits totaling at least five years as outlined in the Table of Equivalent (NAC 623.505).

APPLICATION PREPARATION

1. If the preferred mailing address is not indicated, all correspondence from this office will be sent to your business address.
2. The required photograph should be 2 ½ X 2 ½ (approximately) and similar to a passport photo, taken not more than 12 months prior to the application. Black and white photocopies are not acceptable. Affix the photograph firmly to the application on page one. Sign the photograph so as not to obscure features.
3. The application requires two signatures, one of which is on your photograph.
4. All reference letters are to be distributed to your references by you and should be forwarded directly to our office by the person completing the form. The people supplying references must be acquainted with your technical ability and three must be registered architects and/or residential designers. All references named in the application must be the same as those received by the board.
5. You must also distribute the work verification forms. Your past or current employers should forward the forms directly to our office. Those persons to be contacted to verify your work experience must be listed chronologically with complete addresses and names of supervisors.
6. Academic transcripts: The applicant shall request an official transcript from the registrar of each institution attended. Transcripts received through the applicant are not acceptable.
7. A \$300 examination fee, as outlined in the fee schedule provided in the NRS, must accompany this application. Canadian residents must remit an additional US\$25 for bank fees.



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 RESIDENTIAL DESIGNER REGISTRATION

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

PLEASE TYPE APPLICATION

APPLICATION DOWNLOADED FROM WEB SITE MAY BE COMPLETED ON COMPUTER

Name in Full: _____ Date: _____

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

Preferred Address for Correspondence: Residence Business

Street: _____

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

Telephone No.: _____ Fax No.: _____

Firm Name: _____

Street: _____

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

Telephone No.: _____ Fax 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 RECOGNIZABLE
PHOTO IN THIS SPACE.
PHOTO MUST BE SIGNED BY
YOU AND DATED.
APPROXIMATE PHOTO SIZE:
2 1/2" x 2 1/2"**

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. ****TRANSCRIPTS MUST BE SENT DIRECTLY FROM THE SCHOOL TO THIS BOARD.****

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	<input type="text"/>		Date of Employment
			From _____
			To _____
Total Time	<input type="checkbox"/> Full Time	<input type="checkbox"/> Sub-Professional	Other (Explain) <input type="text"/>
	<input type="checkbox"/> Part Time	<input type="checkbox"/> Professional	

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

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

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

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

Name in Full: _____ Date: _____

E. REFERENCES

List the names of five references. At least three of these references must be registered architects and/or residential designers, and one of these three must be/have been your immediate supervisor.

Name _____ Firm _____
Complete Address _____

Name _____ Firm _____
Complete Address _____

Name _____ Firm _____
Complete Address _____

Name _____ Firm _____
Complete Address _____

Name _____ Firm _____
Complete Address _____

All references must submit their letters of reference directly to the Nevada State Board of Architecture, Interior Design and Residential Design office. Reference letters received through the applicant are not acceptable. Relatives are not acceptable unless they are, or have been, employers. **Current employees, associates or partners are not acceptable references.**

F. 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.

G. 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

Name in Full: _____ Date: _____

H. 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.

AFFIDAVIT

I do not have any architectural or residential design 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 or residential design 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 _____, 2020, 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