

# STATE OF NEVADA

## RESIDENTIAL DESIGN REGISTRATION BY EXAMINATION

### APPLICATION AND INSTRUCTIONS

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

Once your application is complete, it will be evaluated to determine if you meet the qualifications to take the residential design exam. Board staff will contact each applicant to inform them of the outcome and next steps.

#### QUALIFICATIONS FOR RESIDENTIAL DESIGN 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 a total of five years of education and practical training (as outlined in [NAC 623.505](#)).
- Pass the Residential Design Examination.

#### INSTRUCTIONS

- 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.
- The applicant shall request an official transcript from the registrar of each institution attended. The transcripts must be sent directly to the board office from the institution via mail or email.
- The applicant must distribute the "[Employment Verification Form](#)" to past and current employers. Employers should return the forms directly to the board office via mail or email.
- The applicant must distribute "[Letter of Reference](#)" forms to five references. The completed forms must be returned directly to the board, via mail or email, by the person completing the form. The references must be acquainted with your technical ability. At least three must be registered architects or residential designers, and one of these must be/have been your direct supervisor. All references named in the application must submit forms to the board.
- Completed applications can be submitted via email to [nsbaidrd@nsbaidrd.nv.gov](mailto: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, and you have passed all sections of the Residential Design Examination. Please download the following documents to familiarize yourself with Nevada law:
  - [Nevada Revised Statutes, Chapter 623](#)
  - [Rules of Conduct for Architects](#)
  - [Nevada Administrative Code, Chapter 623](#)
  - [Nevada Lien Law](#)
  - ["The Blue Book"](#)
- The applicant must 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 RESIDENTIAL DESIGNER REGISTRATION**

I hereby apply for registration to practice residential design 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: \_\_\_\_\_

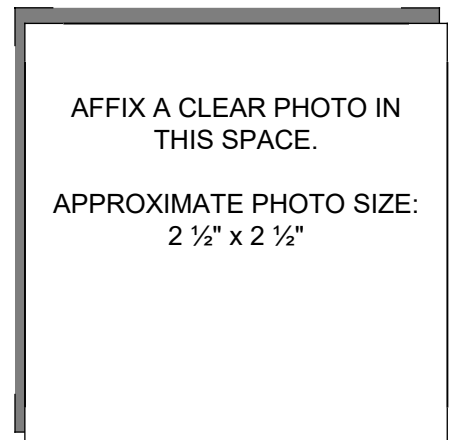
Present Position with Firm: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City/State or Country

Citizenship:

- U.S.  By Birth  
 Naturalized  Other (Explain):



**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 THE 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.**

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**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.

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**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.

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**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 \_\_\_\_\_, 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