

STATE OF NEVADA

RESIDENTIAL DESIGN REGISTRATION BY RECIPROCITY APPLICATION

Dear Applicant:

In response to your request, enclosed is the application form for residential design registration by reciprocity in the state of Nevada. Please read the qualifications necessary to be eligible for residential design registration before proceeding. If you do qualify, please complete the form and return the original to our office with the \$300 application processing fee. You may wish to keep a copy for your files. Applications will not be processed unless the application is fully completed and any applicable statutory fees are remitted.

This application packet consists of a three-page application, one copy of Chapter 623 of the Nevada Revised Statutes, one copy of the Blue Book publication, and a copy of the Nevada Lien Law. If your application package is not complete, please contact the board office.

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. An application processing fee of \$300 must accompany your application. All funds must be submitted in US Dollars.
5. Oral interview (discretionary).

Each applicant may or may not be required to appear before the board for an oral interview. The applicant is required to take an open book written test on Chapter 623 of the Nevada Revised Statutes, Blue Book and Rules of Conduct. The board will review the test, application, integrity, and ethical standards for registration in the state of Nevada.



NEVADA STATE BOARD OF ARCHITECTURE, INTERIOR DESIGN & RESIDENTIAL DESIGN

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APPLICATION FOR RESIDENTIAL DESIGN REGISTRATION BY RECIPROCITY

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

*** PLEASE TYPE APPLICATION ***

*** APPLICATION DOWNLOADED FROM WEB SITE MAY BE COMPLETED ON COMPUTER ***

If you have had a legal name change please attach a notarized document attesting to this fact.

Date: _____

Name in Full: _____

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

How would like your name to appear on your wall certificate _____

AFFIX RECOGNIZABLE PHOTO IN THIS SPACE. PHOTO MUST BE SIGNED BY YOU AND DATED. APPROXIMATE PHOTO SIZE: 2 1/2" x 2 1/2"

Firm Name: _____

Business Street: _____
Address _____

City: _____ State: _____ Zip Code: _____

Residence Street: _____
Address _____

City: _____ State: _____ Zip Code: _____

Address for Correspondence: Business Residence

Daytime Telephone No.: _____ Fax No.: _____

Evening Telephone No.: _____ Email Address: _____

Citizenship: _____ Birth Naturalized

Birth Date: _____ Place: _____

Jurisdiction of Original Architectural Registration: _____

Date Issued: **MM/DD/YY** _____ Registration No. _____

Is the registration currently in good standing? Yes No (If no, explain on supplemental sheet)

FOR BOARD USE ONLY

Entered in database (date/initials) _____

Fee received (date/amount) _____

Name in Full: _____ Date: _____

Obtained by NCARB:

- 36-hour written exam
- Less than 36-hour written exam
- Professional exam only
- Professional and Equivalency exams
- NCARB Structural Design exam subsequent to Dec. 1, 1965 or the NCARB Equivalency and Professional exams
- Other (explain): _____

Other Registrations (please use a separate sheet if necessary):

Jurisdiction	Reg. No.	Date Issued	In good standing?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YES NO Are you the spouse/domestic partner of an active military member of the Armed Forces of the United States?

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

YES NO Have you or any representative of your firm held yourself out, put out any sign, card or other device or prepared drawings for any project located in Nevada or project contemplated for Nevada? (If yes, explain on supplemental sheet)

YES NO Has your registration been denied, suspended, or revoked in any jurisdiction? (If YES, explain on supplemental sheet)

YES NO Have you surrendered or allowed a registration to lapse in any jurisdiction due to action pending or threatened? (If YES, explain on supplemental sheet)

YES NO Have you been found by a court or registration board to have violated the architectural registration laws or the professional occupational laws or any jurisdiction? (If YES, provide dates and details including results of any appeals on supplemental sheet)

YES NO Have you ever been convicted of a felony, any crime involving moral turpitude, or a misdemeanor involving fraud, deceit or misrepresentation? (If YES, explain on supplemental sheet)

YES NO Are there any felony criminal charges now pending against you? (If YES, explain on supplemental sheet)

Pursuant 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.

YES NO Are you currently subject to a court order, or plan approved by the district attorney or other public agency enforcing the amounts owed under a court order, for the support of the child?

YES NO If YES, are you currently in compliance with the court order and/or plan?

Name in Full: _____

Date: _____

ATTESTATION

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

Please remit \$300 with this application. All funds must be submitted in US\$.