

STATE OF NEVADA RESIDENTIAL DESIGN REGISTRATION BY RECIPROCITY APPLICATION AND INSTRUCTIONS

Following are the instructions and application for residential design registration by reciprocity 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 with a \$300 application processing fee.

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

QUALIFICATIONS FOR RESIDENTIAL DESIGN REGISTRATION BY RECIPROCITY

The state of Nevada requires that all candidates for registration via reciprocity:

- Hold architectural registration from another US jurisdiction.

INSTRUCTIONS

- The applicant must provide proof of architectural registration in another US jurisdiction.
- 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 \$300 must accompany your application. Checks should be made payable to NSBAIDRD. Credit card payments can be made using 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 may be required to appear before the board for an oral interview.



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 DESIGN REGISTRATION BY RECIPROCITY

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

*

*** PLEASE TYPE APPLICATION ***

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 A CLEAR PHOTO
IN THIS SPACE.**

**APPROXIMATE PHOTO
SIZE: 2 ½" x 2 ½"**

Firm Name: _____

Business Street: _____
Address _____

City: _____ State: _____ Zip Code: _____

Residence Street: _____
Address _____

City: _____ State: _____ Zip Code: _____

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

Daytime Telephone 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)

**Please attach proof of architectural registration*

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

Please remit \$300 with this application.