

Wisconsin Department of Safety and Professional Services

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS, AND PROFESSIONAL LAND SURVEYORS

INFORMATION FOR COMPLETING APPLICATION FOR ARCHITECT APPLICATION

This is not the application to apply for the Architect Registration Examination (ARE). To register for the examination, contact NCARB directly at www.ncarb.org or (202) 879-0520.

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Application by Examination

1. **Application for Architect Registration (Form #1737)**
2. **Credentialing Fee** - Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Verification of Examination or Registration (Form #475)** - Completed by each state in which you have been issued a license. If the exams were passed in Wisconsin or if submitting NCARB Record, this form is not required.
4. **Experience Record (Form #463)** - Evaluated by the Architect Section to determine whether the experience you document meets the qualifying architectural experience as defined in Wis. Admin. Code § A-E 3.03. Provide a complete chronological listing of your experience. The beginning and ending month and year of employment must be shown for each engagement.
5. **Architect Applicant Appraisal Form (Form #472)** - Provide replies from five (5) references having personal knowledge of your experience, three (3) of whom must be registered as an Architect.
6. **Equivalent Architect Experience Program Record (Form #1947)**
Applicants using the Equivalent Architect Experience Program (AXP) should complete a separate report for each place of employment. The intern and the intern's supervisor must sign each report. If you have registered through NCARB, request that NCARB forward your NCARB Record to the Architect Section.
7. **Proof of Continuing Education Completion (for Reciprocity applicants only)** - Provide proof that you have completed continuing education per Wis. Admin. Code § A-E 12.09. AIA transcripts are acceptable.

Reciprocity Applicants (applicant holding an unexpired registration(s) from another state) - An applicant may apply for registration if he or she holds an unexpired registration in another state in which registration requirements are not lower than those in Wisconsin. The applicant must have passed the NCARB exam and have 7 years of architectural experience (education included). Applicants may apply using the NCARB Council Record or application by examination.

If Applying by Reciprocity using NCARB Council Record - If you are using the NCARB Council Record, complete and return only the Application for Architect Registration (Form #1737), proof of CE/PDH per Wis. Admin. Code § A-E 12.09 and fee. Indicate on your application that you are requesting NCARB to forward your council record to DSPS.

Temporary Permit - A temporary permit is available to all applicants under the reciprocity provision. This permit allows the applicant to proceed with a pending project during the time it takes to process the application for registration. An applicant desiring a permit must include a letter specifically requesting the permit, which includes a description of the project (location, approximate size and cost), a copy of their registration card from the original state of registration and an \$68.00 temporary permit fee. The Application for Architect Registration (Form #1737) and the \$68.00 initial credential fee must accompany the request for a temporary permit.

For Applicants who have passed all parts of the ARE Exam

Submit all information listed under "Application by Examination" and the following:

1. **Official Transcripts** - Transcripts must be forwarded directly by the college to you. If you attended more than one school and transfer credits appear on the transcript from the school where the degree was received, it is not necessary to provide a transcript from the first school(s). **Unofficial copies of transcripts are not acceptable.**
2. **Equivalent Architect Experience Program Record (Form #1947)** Applicants using the Equivalent Architect Experience Program (AXP) should complete a separate report for each place of employment. The intern and the intern's supervisor must sign each report. If you have registered through NCARB, request that NCARB forward your NCARB Record to the Architect Section.

Review Dates - Your application for registration will be presented to the Board for review when all required documents have been received. You are encouraged to submit your application as soon as possible to allow processing and review of application before the Board meets. You'll find a schedule of tentative Board meetings on the Department's web site at <http://dsps.wi.gov>.

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APPLICATION FOR ARCHITECT REGISTRATION

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK Your name, address, phone number, and email address are available to the public. Check box to withhold street address, phone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
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Address (street, city, state, zip code) <input type="text"/>	Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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Mailing Address (if different) <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
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Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/>	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.
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Ethnicity/gender status information is optional.

Ethnicity: White, not of Hispanic origin American Indian or Alaskan Hispanic
 Black, not of Hispanic origin Asian or Pacific Islander Other

Sex: M F

Have you ever been licensed in Wisconsin as an Architect? Yes No If yes, list your credential number:

E-mail Address

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see page 2 for further information)

\$68.00 Initial Credential Fee (Application by Examination)

\$68.00 Initial Credential Fee (Reciprocity)

\$68.00 Initial Credential Fee (Reciprocity NCARB)

\$68.00 Temporary Permit Fee (optional - Reciprocity applicants only)

For Receiving Use Only (5)

Wisconsin Department of Safety and Professional Services

ARE YOU A VETERAN? If yes, please view the DSPS website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for information and eligibility requirements for veterans, service members, former service members, and their spouses.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code #: _____

If you qualify, are you requesting equivalency of your military training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum ([Form #2996](#)). This form must be included with this application. (You may contact the WDVA at 1-800-947-8387 or dva.wi.gov for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

If you qualify, are you a service member, former service member, or spouse requesting a reciprocal credential? Yes No

If Yes, do not complete this form. You must complete and return the Reciprocal Credential Application for Service Members, Former Service Members, and Their Spouses ([Form #3982](#)).

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select "Professions," then "Architect."

QUALIFICATION FOR REGISTRATION: (Check one box indicating how you qualify.)

Reciprocity (licensed in another state) State: License Number:

Passed Examination (education and experience total 7 years)

Have you taken and passed any part(s) of the ARE for Wisconsin? Yes No

Have you taken and passed any part(s) of the ARE for any other state? Yes No

If yes, complete Verification of Examination or Registration (**Form #475**) and send to the state in which you completed the exams.

EDUCATION: Official Transcript(s) Required.

College(s) Attended	Degree Received	Date of Graduation	Major
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I AM OR HAVE BEEN LICENCED IN THE FOLLOWING STATE(S): (Include all active and inactive states.)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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REGARDING THE STATES YOU LISTED ABOVE: Identify the states in which you were licensed by EXAM.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever failed to pass any state board examination, or national board examination? If yes, give details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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ANSWER THE FOLLOWING QUESTION. (Attach additional sheets if necessary.)

8.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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CERTIFICATION OF LEGAL STATUS

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

APPLICANT CERTIFICATION TO VERIFY KNOWLEDGE OF LAW AND RULES:

I certify that I have read and believe I understand Wis. Stat. ch. 443 and Wis. Admin. Code ch. A-E 3 rules of the Examining Board of Architects, Landscape Architects, Professional Engineers, Designers, and Land Surveyors. I further certify that I am familiar with the State of Wisconsin Building Code (Wis. Admin. Code chs. SPS 361-365).

Signature: Date: / /

(Print and Sign Form)