

**IDAHO BOARD OF ARCHITECTURAL EXAMINERS**  
**Idaho Division of Occupational and Professional Licenses**  
**11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or**  
**P.O. Box 83720, Boise ID 83720-0063**  
**Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>**  
**E-mail: [ala@dopl.idaho.gov](mailto:ala@dopl.idaho.gov)**

**APPLICATION FOR ARCHITECT LICENSURE BY ENDORSEMENT**

**APPLICATION INSTRUCTIONS**

Please read all questions carefully. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. **Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure.**

**All applicants must review the Idaho laws & rules** prior to licensure. Please note that according to Section Idaho Code § 54-305, you must be licensed to practice. The Board's Laws and Rules may be downloaded at: <https://dopl.idaho.gov>

**There are two methods for licensure by endorsement:**

- 1. NCARB: Application shall be accompanied by a current blue cover dossier compiled by the NCARB certifying that the applicant has satisfactorily passed the standard NCARB examinations, or NCARB authorized equivalent and shall include letters, transcripts, and other documents substantiating all statements relative to education and experience made in said application as required by the Board.**
- 2. Equivalency: Applicants shall provide proof of holding a current and valid license issued by another state and proof of satisfactorily passing the Architectural Registration Examinations (ARE) or equivalent examination, as determined by the Board.**

**CHECKLIST FOR APPLICATION BY ENDORSEMENT – Please keep a copy of this application for your records.**

- Completed application, signed and notarized with notary seal.
  - Application fee of \$50. FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to DOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid.
  - Proof of identification – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver's license is acceptable.
  - NCARB record or certificate sent directly from NCARB to the Idaho Board
- OR**
- Certification(s) of licensure of a current Architect license must be sent directly to our office from the state(s) where you are currently or have ever been licensed. If states have a primary source verification website you may print off the information and send it with your application. Print out must include primary source verification language. You must include verification of passing all divisions of the ARE or an acceptable alternate exam.
  - Copy of legal name change, if applicable (marriage license, divorce decree or court order). This is applicable if the name used on any accompanying documents, such as transcripts or proof of age, does not match the name on the application.

**ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES**

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

- To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.

**IDAHO BOARD OF ARCHITECTURAL EXAMINERS**  
**Idaho Division of Occupational and Professional Licenses**  
**11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or**  
**P.O. Box 83720, Boise ID 83720-0063**  
**Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>**  
**E-mail: [ala@dopl.idaho.gov](mailto:ala@dopl.idaho.gov)**

**APPLICATION FOR ARCHITECT LICENSURE BY ENDORSEMENT - \$50.00**

I hereby submit my qualifications and make application for an Architect license in the State of Idaho under the provisions of Title 54, Chapter 3, Idaho Code as amended and provide the following:

1. **Full Name** (Mr., Mrs., or Ms.) \_\_\_\_\_

2. **Address of Record** \_\_\_\_\_  
 (The above address is a public record.) Street City State Zip

3. **Mailing Address** \_\_\_\_\_  
 (Will be used as address of record if none provided above.) Street/PO Box City State Zip

4. **Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (This is not a public record; required by I.C. § 73-122) mm dd yyyy (Proof of identification – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license must be attached.)

5. **Business Phone** (\_\_\_\_) \_\_\_\_\_ **Other Phone** (\_\_\_\_) \_\_\_\_\_ **E-mail** \_\_\_\_\_  
 (The above phone number is a public record.) (The above phone number is not a public record.) (This is not a public record; required by I.C. § 67-2609.)

6. **Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?** ( ) Yes ( ) No

7. **Are you currently licensed in any other state(s)? (If no, please fill out the examination application.)** ( ) Yes ( ) No

8. **List all the states you have held an architect license in (including Idaho), even if the license is expired:**  
 (The Board must receive certification of licensure(s) directly from each issuing authority.)

\_\_\_\_\_ Use a separate page if necessary.

9. **Do you hold a National Council (NCARB) certificate?** ( ) Yes ( ) No  
 (If you are applying with an NCARB record or certification, the record must be received before your application will be processed.)

10. **Have you taken and passed the ARE examination?** ( ) Yes ( ) No  
 (If Yes, the score must be received directly from NCARB or be shown on the certification/verification of license provided by the state in which you resided.)

\*\*If you have not passed the ARE, have you passed any other examination? ( ) Yes ( ) No

Name of other examination: \_\_\_\_\_  
 Scores must be received directly from issuing entity.

11. **Have you ever had a license, certification, or registration for any profession revoked, suspended or otherwise sanctioned?**  
 (If yes, a copy of the charges and the final order must be received before your application will be processed.) ( ) Yes ( ) No

12. **Have you ever been convicted of any State or Federal felony or misdemeanor?** ( ) Yes ( ) No  
 (If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)

13. **Have you solicited work or practiced architecture or represented yourself as an architect in this state prior to this application?** ( ) Yes ( ) No  
 (If Yes, please attach a supplemental explanation.)

**IDAHO BOARD OF ARCHITECTURAL EXAMINERS**  
**Idaho Division of Occupational and Professional Licenses**  
**11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or**  
**P.O. Box 83720, Boise ID 83720-0063**  
**Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>**  
**E-mail: [ala@dopl.idaho.gov](mailto:ala@dopl.idaho.gov)**

**AFFIDAVIT**

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

\_\_\_\_\_  
Signature of Applicant

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public Official Signature  
My Commission Expires \_\_\_\_\_

**Note: The applicant’s signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language “subscribed and sworn” must appear before the applicant’s signature. An “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.**