

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

APPLICATION INSTRUCTIONS FOR ARCHITECT LICENSURE BY EXAMINATION

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. Your signature must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted above. **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>

CHECKLIST FOR APPLICANTS WHO GRADUATION FROM A NAAB ACCREDITED PROGRAM.

- Applications received less than seven (7) days prior to a Board meeting may be held over to the next meeting.
- Complete signed and notarized application with notary seal and required fees.
- Examination Application fee of \$25.00. 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.
- Official transcripts sent directly to our office from the issuing authority.
- Proof of starting or completing the AXP .
- 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.
- Please keep a copy of this application for your records.

CHECKLIST FOR APPLICANTS WHO DID NOT GRADUATION FROM A NAAB ACCREDITED PROGRAM.

- Applications received less than seven (7) days prior to a Board meeting may be held over to the next meeting.
- Complete signed and notarized application with notary seal and required fees.
- Examination Application fee of \$25.00. 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.
- Verification of 8 years of experience in the form of letters of reference detailing work experience on company letterhead from direct supervisor(s)
- Proof of starting or completing the AXP.
- 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.
- Please keep a copy of this application for your records.

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.

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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.