

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

ARCHITECT TEMPORARY PERMIT APPLICATION

APPLICATION INSTRUCTIONS

Please read all questions carefully. All requested information and fees must be provided. 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. To be considered by the Board, properly completed applications must be received at least seven (7) days prior to the first day of the month in which the Board will meet. **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.**

CHECKLIST FOR APPLICATION BY ENDORSEMENT.

- Complete signed and notarized application with notary seal and required fees.
- Application fee of \$50.00. 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.
- NCARB record or certificate sent directly from NCARB to the Idaho Board
OR
- Certification(s) of licensure of a current Architect license sent directly from the issuing entity, 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.
- Please keep a copy of this application for your records.

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>. 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.

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.

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TEMPORARY PERMIT APPLICATION - \$50.00

A firm may not be involved with the use of a permit issued subject to this application unless it meets the requirements of Idaho Code § 54-316. I hereby apply to the Idaho State Board of Architectural Examiners for a Temporary Permit, as provided for in Idaho Code § 54-302A(2), for the purpose of offering to render architectural services and for that purpose only. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122.

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

2. **Mailing Address** _____
(This address is a public record.) Street/PO Box City State Zip

3. **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.)

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

5. **Please provide evidence of holding a valid and current license in good standing in another state, territory or jurisdiction.**

A. **License No.** _____ **State** _____ **Expiration Date** ____/____/____
OR

B. **NCARB Cert. No.** _____
(NCARB record must be received before application will be processed for those applying through this method.)

6. **Firm Name** _____

7. **Business Address** _____
Street/PO Box City State Zip

8. **Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?**
(To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.) () Yes () No

9. **Have you ever had a license or right to practice revoked, suspended or otherwise sanctioned?** () Yes () No
(If Yes, a copy of the charges and the final order must be received before your application will be processed.) Idaho Code § 54-305

10. **Have you ever been convicted of any State or Federal felony?** () 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.)

11. **Have you solicited or practiced architecture or been self-represented as an architect in this state prior to this application?**
(If Yes, please attach a supplemental explanation.) Idaho Code § 54-310 () Yes () No

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 to before me this _____ day of _____, 20 _____

(seal)

Notary Public Official Signature
My Commission Expires _____