



Architect Registration Application Instructions

Registration Period: January 1 through December 31

9625 Fenway Avenue, Suite B, Baton Rouge, LA 70809-1592

(225) 925-4802 * bd@lsbae.com

The legislature has enacted laws which govern the practice of architecture in Louisiana. In accordance with those laws, the LSBAE has adopted rules to regulate the registration of individuals practicing architecture. To register as an architect, one must meet the education, experience and examination requirements

Please make sure we have an email contact for you for questions related to this form.

Application Form must be typed (handwritten applications are not acceptable).

Section 1: REGISTRANT CONTACT INFORMATION

Please provide all requested contact information.

Section 2: FIRM REGISTRATION CONFIRMATION

This section must be completed. LA R.S. 37:158(A) requires firms practicing or offering to practice architecture in the state of Louisiana to be licensed by the Board prior to offering such services. Information regarding firm registration can be found [here](#).

Section 3: MORAL CHARACTER DATA

This section must be completed. If you respond yes to any of the questions in this section, be sure to attach documentation to support your response or your application will not be considered complete.

Section 4: CERTIFICATION

Please certify that you have read the [Louisiana Architects Licensing Law and the LSBAE rules](#), and that your answers are true and correct.

SUBMITTING YOUR APPLICATION

Please make sure your application is complete, the certification is checked affirmatively, the form is signed, and a check (made payable to LSBAE) is enclosed or it will not be processed.

Mail to LSBAE, 9625 Fenway, Suite B, Baton Rouge, LA, 70809-1592.

Please feel free to contact us at bd@lsbae.com if you have questions.

REGISTRATION FEE: (U.S. FUNDS ONLY)

In-State: \$75.00

Out-of-State: \$150.00



STATE BOARD OF ARCHITECTURAL EXAMINERS
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FEE (U.S. FUNDS ONLY)	ENCLOSED CHECK # _____
\$75 – IN -STATE	
\$150 – OUT-OF-STATE	

SECTION 1: REGISTRANT CONTACT INFORMATION

Full Legal Name: _____ Social Security Number: _____
 Name as You Would Like it to Appear on Your License _____
 E-Mail: _____ Date of Birth: _____
 Home Address: _____ City _____ State ____ Zip _____
 Phone: _____ Mobile: _____
 Preferred Mailing Address: Home Work

SECTION 2: FIRM REGISTRATION CONFIRMATION

LA R.S. 37:158(A) requires firms practicing or offering to practice architecture in the state of Louisiana to be licensed by the Board prior to offering such services. Information regarding firm registration can be found [here](#). If approved for licensure in Louisiana, I will be employed by:

Firm Name: _____ LA FIRM REG #: _____
 Firm Address: _____ City _____ State ____ Zip _____
 Phone: _____ Web: _____ Work E-Mail: _____

This firm is not licensed in Louisiana.

I am a Sole Proprietor and all architecture business is conducted through my personal name, not a business entity.

Preferred E-Mail Address: Home Work

SECTION 3: MORAL CHARACTER DATA

Please read and answer this section CAREFULLY. If you answer "YES" to any of the Moral Character Data questions, please attach any formal documentation relevant to your affirmative response(s).

- Have you practiced or offered to practice architecture in the state of Louisiana without an active license?
 If YES, PLEASE ATTACH A LIST OF PROJECTS. YES No
- Have you been investigated, charged, arrested, convicted, found guilty or pleaded nolo contendere to any criminal offense (excluding non-criminal traffic infractions) or have you been party to any civil litigation alleging that you committed fraud or gross negligence in the practice of architecture? YES No
- Have you been investigated, charged, or disciplined, or are you currently under investigation by any governing or licensing board or by a state or federal agency? YES No

SECTION 4: CERTIFICATION:

I certify that I have read the [Louisiana Architect Licensing Law \(La. R.S. 37:141 et seq.\)](#) and the [LSBAE rules, \(LAC Title 46:I §101-2303\)](#) and I am qualified to practice architecture in the state of Louisiana. (The laws and rules may be viewed at www.lsbae.com). The information I have provided on this form is true and accurate to the best of my knowledge.

Signature _____ (required) Date _____ (required)

Upon receipt of this application and the appropriate fee, the individual described herein will be authorized to practice architecture in the state of Louisiana, unless the application is disapproved. This authority will expire on **December 31st**. Failure to renew in a timely manner will result in fines and penalties.