



## Firm Waiver Request Form

*Please complete all applicable sections of the form below:*

\_\_\_\_\_  
Contact Name *(for questions about this request)*

\_\_\_\_\_  
Contact E-Mail

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Ext

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Supervising Professional Architect's Name

\_\_\_\_\_  
LA License Number

\_\_\_\_\_  
Supervising Professional Architect's Name (if applicable)

\_\_\_\_\_  
LA License Number

Please provide a brief description of services to be provided in Louisiana:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information above is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Once the form is complete, please email to Holly Lavigne at [hlavigne@lsbae.com](mailto:hlavigne@lsbae.com).