

# Louisiana State Board of Architectural Examiners

## Professional Architectural Corporation Certificate Application

**Firm Name**

Application Date:

**FIRM INFORMATION**

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Firm Name

Corporate Title

Doing Business As (DBA)

**Contact Information**

Email

Firm Phone Number

Ext

Website

**Firm Address**

Street Address

Suite, Apt, Room #

City

State

County

Zip Code

Country

EXAMPLE - DO NOT USE

## Point of Contact

Name

Email

Title

Phone

License Number

## BUSINESS INFORMATION

### Corporate Information

How are the shares divided in your firm?

- Sole Ownership**  
 Multiple Shareholders  
 Holding Company

### Sole Ownership

A sole owner owns ALL outstanding shares of this firm.

Owner's Name

License Number

## DISCLOSURE QUESTIONS

Has the Firm practiced or offered to practice architecture in Louisiana without a current firm license in the last five years?	
Has the Firm's license/registration been denied, suspended, or revoked by another state or jurisdiction in the last five years?	
Has the Firm surrendered and/or allowed its professional license/registration to lapse in another state or jurisdiction <b>due to pending or threatened disciplinary action</b> in the last five years?	
Has the Firm been investigated, charged, or disciplined by a governing or licensing body or by a state or federal agency in the last five years?	
Has any Louisiana licensed architect employed by the Firm had his or her license denied, suspended or revoked or is any such licensed architect currently under investigation by a	

state or jurisdiction in the last five years?

## CONFIRMATION

### Certification

Using the checkboxes below, please attest to understanding and reviewing the applicable rules and laws.

I certify that I have read the following laws and rules:

- Professional Architectural Corporation Law (LAR.S. 12:1086 et. seq.)
- Louisiana Architect Licensing Law (La. R.S. 37:141 et seq.)
- Louisiana State Board of Architectural Examiners Rules (LAC Title 46:I§101-2303)

I also certify that:

- The information I have provided on this form is true and accurate to the best of my knowledge.

## PAYMENT

### Fees

Architectural Corporation Out-of-State Application	See Fees list on <a href="#">here</a>
Transaction Processing Fee	
<b>Total</b>	

Payment Type:

Order Confirmation:

Payment Date:

Official Documentation of the Louisiana State Board of Architectural Examiners Licensing System

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