

Louisiana State Board of Architectural Examiners

Reciprocal License Application

NAME

Application Date:

PERSONAL INFORMATION

First

Middle

Last

Suffix

Honorific

Credentials

Date of Birth

Social Security Number

Visa Number

Immigration Status

NCARB Record Number

CONTACT INFORMATION

Email

Primary Phone Number

Ext

Secondary Phone Number

Ext

HOME ADDRESS

Street Address

Suite, Apt, Room #

City	State	County
Zip Code	Country	

WORK DETAILS

This address will appear in the [Find an Architect](#) section of the LSBAE public website.

Work Address is same as Home Address

Street Address	Suite, Apt, Room #	
City	State	County
Zip Code	Country	

PREFERENCES

Mailing Address

Home Address Work Address

WORK INFORMATION

Firm Name	License #
Firm Address	Firm Contact
Street Address	Title
Suite, Apt, Room #	

Work Email

City

Work Phone Number

State

County

Ext

Zip Code

Country

United States of America

DISCLOSURE QUESTIONS

In the past five years, have you practiced or offered to practice architecture in the state of Louisiana without an active license?	
In the past five years, has your professional license/registration been denied, suspended or revoked in any jurisdiction?	
In the past five years, have you surrendered or allowed your professional license/registration to lapse in any jurisdiction due to pending or threatened disciplinary action?	
In the past five years, 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?	
In the past five years, 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?	

CERTIFICATION

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:

- 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

Reciprocal Architect Out-of-State Application	See Fees list on website
Transaction Processing Fee	
Total	

Payment Type:

Order Confirmation:

Payment Date:

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

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EXAMPLE - DO NOT USE