

Supervising Professional Architect Change Request Form

 Date of Request

 LA Firm Certificate Number

Firm Name: _____

Contact Person: _____ E-Mail: _____

(for information about this form)

A supervising professional architect is a Louisiana-licensed architect whose license is in 'Active' status and whose primary full-time employment is with an architectural firm. For more details, see Rule §1705 'Architectural Firms'.

Supervising Professional Architect to be ADDED:

Supervising Professional Architect to be REMOVED:

Name: _____

Name: _____

License #: _____

License #: _____

Work Email: _____

Work Email: _____

Title: _____

Title: _____

Work #: _____

Work #: _____

Start Date at Firm: _____

Start Date at Firm: _____

Currently work here:

End Date at Firm: _____

I certify that the above information above is true and correct

 Signature

 Print Name

Email the form to Holly Lavigne at HLavigne@LSBAE.com after completing.