

# STATE OF MAINE

## ***BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS & INTERIOR DESIGNERS***

### **APPLICATION FOR LICENSE**



Department of Professional and Financial  
Regulation

Office of Licensing and Registration  
35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207) 624-8522

TTY/HEARING IMPAIRED: (207) 624-8563

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Office located at: 122 Northern Avenue, Gardiner, Maine 04345

# **ARCHITECT LICENSING**

Architects can become licensed by one of the following three options:

- 1. Architect Registration Examination (ARE)**
- 2. Reciprocity with License in Another State**
- 3. Reciprocity with Current NCARB Record**

## **APPLICATION TO TAKE THE ARCHITECT REGISTRATION EXAM (ARE)**

The applicant has not established license in any other jurisdiction. An application file shall consist of:

1. State of Maine Application
2. \$125 Non-Refundable Application Fee (Make checks payable to "Treasurer State of Maine")
3. A Notarized Affidavit
4. Council record from National Council of Architectural Registration boards (NCARB) indicating that the applicant has met the current requirements of the Intern Development Program (IDP) or equivalent as described under board rules section 2, paragraph A.
5. Employment Verification Form

Once the application is complete and Board receives letters back from references, the Board Coordinator schedules the applicant for a personal interview.

**PERSONAL INTERVIEW:** A 15 minute personal interview is required of all ARE applicants to determine if minimum qualifications have been obtained to qualify for examination. At this time the applicant brings a portfolio that includes samples which best portray the depth and scope of their work. To prepare for the interview, applicants should be familiar with the Americans with Disabilities Act (ADA) and with NFPA and BOCA regulations. BOCA regulations are available by calling (708) 799-2300 and NFPA regulations are available by calling 1-800-344-3555.

The Board will approve/deny applications to sit for the ARE. If approved the Board Coordinator will forward testing information to the testing company and notify applicant of approval. All other testing information will come from the testing company. If the application is denied the Board Coordinator will notify the applicant of deficiencies determined by the Board.

Exams are currently offered through Sylvan Education Centers on a daily basis. Once applicant receives testing information from Sylvan, exams may be scheduled with Sylvan on a first come, first served basis.

Current rules state that the applicant must successfully complete the ARE within any three (3) year examination period or be subject to reapplication.

After Board Approval:

1. Applicant Scheduled for Examination with Testing Center
2. Applicant Begins Testing for all Sections of Examination
3. Board Coordinator Tracks Scores & Maintains Chart of Completed Sections
4. When All Sections are Completed Board Formally Accepts Score Report
5. Offer License to Applicants Who Successfully Complete ARE
6. Issue license number through Licensing System to Candidate
7. Candidate Required to Provide Seal with Assigned Number and \$60.00 License Fee
8. Board Coordinator Receives License Fee with Evidence of Seal
9. Board Coordinator Officially Activates License through Licensing System
10. Renew License on June 30th Annually (\$60.00 renewal fee)

## **APPLICATION FOR ARCHITECT LICENSE VIA RECIPROCITY WITH ANOTHER STATE**

Applicant is a current licensee of another state. An application file shall consist of :

1. State of Maine Application
2. \$200 Non-Refundable Application Fee  
(Make checks payable to "Treasurer State of Maine")
3. A Notarized Affidavit
4. School Transcripts
5. Employment Verification Form
6. Reference Letters
7. Evidence of Current Standing in other State
8. Once all application materials have been received the applicant is scheduled for a \*personal interview.

If Approval Granted/Denied by the Board:

If Denied:

Applicant will be Notified in Writing of deficiencies and has 30 days to Appeal

If Approved:

License Number is issued through Licensing system

Applicant Sent Approval Letter with \$60.00 License Fee and Seal Requirements

Board Coordinator Receives License Fee with Evidence of Seal

Board Coordinator Officially Activates License

Renew License on June 30th Annually (\$60.00 renewal fee)

**\*PERSONAL INTERVIEW:** A 15 minute personal interview is required of all reciprocity applicants to determine if minimum qualifications have been met. At this time the applicant brings a portfolio that includes samples which best portray the depth and scope of their work. To prepare for the interview, applicants should be familiar with the Americans with Disabilities Act (ADA) and with NFPA and BOCA regulations. BOCA regulations are available by calling (708) 799-2300 and NFPA regulations are available by calling 1-800-344-3555

## **APPLICATION FOR ARCHITECT LICENSE VIA RECIPROCITY WITH NCARB RECORD**

Applicant is a current licensee of another state. The applicant files application through the National Council of Architectural Registration Boards (NCARB). By utilizing NCARB the applicant is **not** required to appear before the Board for a personal interview.

An application file shall consist of:

1. State of Maine Application, Only Pages 1 and 5 required.
2. \$200 Non-Refundable Application Fee  
(Make checks payable to "Treasurer State of Maine")
3. A Notarized Affidavit
4. NCARB Council Record, indicating Current License in Another State

Once File is Complete and Approval Granted:

1. Board Coordinator Issues License Number through Licensing System
2. Applicant Sent Approval Letter with \$60.00 License Fee and Seal Requirements
3. Board Coordinator Receives License Fee with Evidence of Seal
4. Board Coordinator Officially Activates License
5. Renew License on June 30th Annually (\$60.00 renewal fee)



**MAINE STATE BOARD FOR LICENSURE OF ARCHITECTS  
LANDSCAPE ARCHITECTS AND INTERIOR DESIGNERS  
Application for Licensure & Examination**

**PAGE 2 - Practical Experience**

**Name in Full:**

Full Name & Complete Address Of Current Employer	Dates of Employment Give Month & Year	Total Time Employed		General Practice	Teaching & Research	Public Service	Other - Explain*
		Part*   Time	Full Time				
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						

\*If part-time work is noted, state average number of hours per week. \*\* If "other" kinds of work are noted, describe.

**MAINE STATE BOARD FOR LICENSURE OF ARCHITECTS  
LANDSCAPE ARCHITECTS AND INTERIOR DESIGNERS  
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**PAGE 3 - Education**

**Name in Full:**

Colleges, Universities, Technical Schools	Dates of Attendance (From – To)	Degrees

\*\* Reciprocal and exam applicants please attach an official copy of your transcript\*\*

**REFERENCES**

Name three professionals who are personally acquainted with your abilities, experience and performance. Please make sure addresses are complete and current.

1

2

3

**MAINE STATE BOARD FOR LICENSURE OF ARCHITECTS  
LANDSCAPE ARCHITECTS AND INTERIOR DESIGNERS  
Application for Licensure & Examination**

**PAGE 4 - Signatures**

**Name in Full:**

Affidavit & Notarization	
<p>The undersigned, being duly sworn, upon his/her oath deposes and says that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect.</p>	
	<p>_____</p>
	<p align="center">Signature of Applicant</p>
<p>State of:</p>	
<p>County of:</p>	

<p>I, _____, a Notary Public in and for said County , in the State aforesaid, DO HEREBY CERTIFY that</p> <p>_____</p> <p>Personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth.</p> <p>_____</p> <p align="center">GIVEN UNDER MY HAND AND NOTARIAL</p> <p align="center">THIS                      DAY OF                      /                      /</p> <p>NOTARY PUBLIC</p> <hr/> <p>MY COMMISSION EXPIRES:</p> <p>_____</p> <p>NOTARIAL SEAL</p>	<p align="center">AFFIX PHOTO HERE (BUST ONLY)</p>
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STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL  
 AND FINANCIAL REGULATION  
 BOARD OF ARCHITECTS, LANDSCAPE  
 ARCHITECTS AND INTERIOR DESIGNERS  
 35 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0035

ANGUS S. KING, JR.  
 GOVERNOR

ANNE L. HEAD  
 DIRECTOR

**ARCHITECT**  
**AFFIDAVIT**

The undersigned, being duly sworn, deposes and says:

1. That he/she has neither performed nor contracted to perform architectural services in the State of Maine.
2. That he/she is not the Architect of Record for any contract entered into by his/her firm in the State of Maine.
3. That he/she will neither perform nor contract for any architectural services until such time as this application is approved and an architect's license has been granted by the Board.

-----  
 Applicant's Signature

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Notary Public's Signature

\_\_\_\_\_  
 Date Commission Expires:

**YOUR APPLICATION WILL NOT BE ACCEPTED UNLESS THIS AFFIDAVIT IS PROPERLY EXECUTED.**



**MAINE STATE BOARD FOR LICENSURE OF ARCHITECTS,  
LANDSCAPE ARCHITECTS AND INTERIOR DESIGNERS**

**VERIFICATION OF EMPLOYMENT FORM**

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

IS/WAS EMPLOYED BY \_\_\_\_\_

DATES FOR EMPLOYMENT:

FROM \_\_\_\_\_ TO \_\_\_\_\_ FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

POSITION \_\_\_\_\_

AREA OF EXPERIENCE:

DESIGN \_\_\_\_\_  
WORKING DRAWINGS \_\_\_\_\_  
SPECIFICATIONS \_\_\_\_\_  
OTHER \_\_\_\_\_

PROFESSIONAL ADMIN \_\_\_\_\_  
BUILDING-ENGINEERING \_\_\_\_\_  
TEACHING OR RESEARCH \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

NAME PRINTED \_\_\_\_\_

\*\*\*\*\*

**TO BE FILLED OUT BY EMPLOYER**

DATES OF EMPLOYMENT ARE CORRECT \_\_\_\_\_ AREA OF EXPERIENCE IS CORRECT \_\_\_\_\_

PLEASE INDICATE YOUR OPINION OF THE APPLICANT'S POTENTIAL TO PRACTICE ARCHITECTURE/LANDSCAPE ARCHITECTURE BY PLACING AN "X" IN THE APPROPRIATE SPACE BELOW:

PRACTICAL EXPERIENCE:

EXCELLENT \_\_\_\_\_ SATISFACTORY \_\_\_\_\_ UNSATISFACTORY \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PROFESSIONAL COMPETENCE:

EXCELLENT \_\_\_\_\_ SATISFACTORY \_\_\_\_\_ UNSATISFACTORY \_\_\_\_\_

COMMENTS: \_\_\_\_\_

NAME OF PERSON COMPLETING THIS HALF OF FORM \_\_\_\_\_

FIRM NAME \_\_\_\_\_ POSITION IN FIRM \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**EMPLOYER, PLEASE MAIL THE COMPLETED FORM TO: MAINE BOARD FOR LICENSURE OF ARCHITECTS LANDSCAPE ARCHITECTS & INTERIOR DESIGNERS, 35 STATE HOUSE STATION, AUGUSTA, ME 04333-0035**



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
MAINE BOARD OF ARCHITECTS LANDSCAPE ARCHITECTS  
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35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

ANGUS S. KING, JR.  
GOVERNOR

ANNE L. HEAD  
DIRECTOR

TO: PROSPECTIVE APPLICANT  
FROM: OFFICE OF LICENSING & REGISTRATION  
RE: CRIMINAL RECORDS CHECK

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Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

### **CRIMINAL HISTORY RECORDS CHECK PROCEDURE**

Attached is a form addressed to the Maine Department of Public Safety, Bureau of Identification. Please complete the applicant information section of the enclosed form and send it to the appropriate licensing board with your completed application and supporting documentation as may be necessary. **Do not send the request directly to the Department of Public Safety.**

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identifications to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.

You must provide a separate check in the amount of \$8.00, made payable to Maine State Treasurer, as payment for your criminal history record check in addition to the licensing fees presently required. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Please contact the board clerk at the number below if you have questions or need assistance.

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**Kim Baker-Stetson**  
**MAINE BOARD OF ARCHITECTS LANDSCAPE ARCHITECTS & INTERIOR DESIGNERS**  
**(207) 624-8522**



PRINTED ON RECYCLED PAPER  
(207) 624-8563 (HEARING IMPAIRED)

PHONE: (207)624-8522 PERSON

FAX: (207)624-8637

OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER, MAINE



# ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Name \_\_\_\_\_

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_

Accommodations requested for the \_\_\_\_\_ examination.  
(type of exam)

I will require (Check all that apply)

\_\_\_\_\_ Accessible testing site

\_\_\_\_\_ Braille        \_\_\_\_\_ Large print        \_\_\_\_\_ Tape

\_\_\_\_\_ Reader as accommodation for visual impairment

\_\_\_\_\_ Scribe/amanuensis as accommodation for visual or motor impairment

\_\_\_\_\_ Reader as accommodation for learning disability

\_\_\_\_\_ Sign Language Interpreter

\_\_\_\_\_ Extended time

\_\_\_\_\_ Time-and-a-half        \_\_\_\_\_ Double time

\_\_\_\_\_ Other (specify time) \_\_\_\_\_

\_\_\_\_\_ Separate testing area

\_\_\_\_\_ Use of computer or other adaptive equipment (specify): \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Comments \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Some accommodation requests may require additional documentation  
(see reverse side)**

## DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires special accommodation for testing, please have this section completed by the appropriate professional, ie., education professional, doctor, psychologist, psychiatrist, to certify that your disabling condition requires the requested test accommodation.

I have known \_\_\_\_\_ since \_\_\_\_\_ in my  
(test applicant) (date)  
capacity as a(n) \_\_\_\_\_  
(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following (check all that apply):

\_\_\_\_\_ Taped test

\_\_\_\_\_ Large print test

\_\_\_\_\_ Reader

\_\_\_\_\_ Scribe/amanuensis

\_\_\_\_\_ Extended time:

\_\_\_\_\_ Time-and-a-half \_\_\_\_\_ Double time

\_\_\_\_\_ More than double time (please justify):  
\_\_\_\_\_

\_\_\_\_\_ Separate testing area

\_\_\_\_\_ Use of computer or other adaptive equipment (please specify)  
\_\_\_\_\_

\_\_\_\_\_ Other (please specify):  
\_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ License # (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_

**IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATION PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.**



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 DIRECTOR



**AUTHORIZATION OF CREDIT CARD PAYMENT**

**Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.**

<b>Name of applicant:</b> (fees being paid for)		
<b>Mailing Address of applicant:</b> (fees being paid for)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Telephone #:</b> (____) _____ - _____	
<b>Name of cardholder:</b> (if other than applicant)		
<b>Mailing Address:</b> (if other than applicant)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa       MasterCard \_\_\_\_\_  
Card number

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ in the amount of: \$ \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_