

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



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

HOW TO BECOME LICENSED AS AN INTERIOR DESIGNER IN THE STATE OF MAINE

The certification of interior designers is a title law in this state. Anyone may provide interior design services, however, only persons so certified by this Board may use the title “Certified Interior Designer” or “Licensed Interior Designer”.

Applicants for certification **must** successfully complete the examination administered by the National Council of Interior Design Qualification (NCIDQ). To qualify for the examination applicants must meet the following education and training requirements as set forth below. NCIDQ may be contacted on the Internet www.ncidq.org or by phone (202) 721-0220.

Education	Work Experience
5 Years	1 Year
4 Years	2 Years
3 Years	3 Years
2 Years	4 Years

Once the exam has been completed an application for certification shall consist of :

1. State of Maine Application
2. \$120 Fee (Make checks payable to “Treasurer State of Maine”)
3. Notarized Affidavit
4. NCIDQ record (you must tell NCIDQ to send it to us)
5. Evidence of Current Standing in other State (if applicable)

<input checked="" type="checkbox"/> If Denied:	<input checked="" type="checkbox"/> If Approved:
Applicant will be Notified in Writing of deficiencies and has 30 days to Appeal	Applicant Sent Approval Letter
	License Number is issued through Licensing system
	Renew License biennially on June 30 th of odd-numbered years



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122 NORTHERN AVENUE, GARDINER, MAINE 04345

**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.

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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
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PAGE 4 - Signatures

Name in Full:

Affidavit & Notarization	
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.	

	Signature of Applicant
State of:	
County of:	

<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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CERTIFIED INTERIOR DESIGNER
AFFIDAVIT

The undersigned, being duly sworn, deposes and says:

1. That he/she has neither performed nor contracted to perform certified interior design services in the State of Maine.
2. That he/she is not the Certified Interior Designer 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 certified interior design services until such time as this application is approved and interior design certification 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.



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

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.

Kim Baker-Stetson
MAINE BOARD OF ARCHITECTS LANDSCAPE ARCHITECTS & INTERIOR DESIGNERS
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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.

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

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: ____/____/____