

MONTANA BOARD OF ARCHITECTS AND LANDSCAPE ARCHITECTS
301 SOUTH PARK
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HELENA MT 59620-0513
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An architect applicant can apply for licensure in Montana by the following two methods:

1. **LICENSURE BY EXAMINATION:** The applicant must have an accredited Architectural degree, have completed the Intern Development Process [IDP] and pass the National Architectural Registration A.R.E examinations. The applicant also must have verification of completion of IDP (internship) sent directly from NCARB. The Green Cover Council Record.
2. **LICENSURE OF APPLICANTS REGISTERED IN ANOTHER STATE:** The applicant must have a current National Council of Architectural Registration (NCARB), Blue Cover Council Record, and must hold a current license in another state.
3. **FEES:**
 - LICENSURE BY EXAMINATION:**
Licensure fees will be required when all sections of the exam have been passed.
Original license fee: **\$80.00**
 - LICENSURE OF APPLICANTS REGISTERED IN ANOTHER STATE:**
Application fee: **\$180.00**
4. **EXAMINATION INFORMATION:**
 - ◆ All applicants must be enrolled in the Intern Development Program [IDP] by establishing a NCARB record or have completed the Intern Development Program [IDP] and obtained a NCARB record in order to be eligible to sit for the National Architectural Registration examination (A.R.E).
 - ◆ When IDP is completed, the applicant will be requested by NCARB to claim their base for licensure.
 - ◆ Applicants IDP record will be sent to the requested state and information will be sent to the applicant regarding the examination process.
 - ◆ The National Examination (A.R.E) consists of nine separate sections. Fees are set by the exam administrator and a fee schedule will be included in the examination information sent to the applicant.
5. **ADDITIONAL DOCUMENTS FOR LICENSURE OF APPLICANTS REGISTERED IN ANOTHER STATE:**
 - ◆ Completed application and \$180.00 fee.
 - ◆ All applicants applying that are licensed or registered in another state must meet a seismic force requirement for the State of Montana. Seismic force has been included in all NCARB examinations since December 1965, in the Western Conference states since June 1963 and in

California since 1937. If it is determined during the review that you do not meet this requirement the applicant will be required to take a lateral force examination. This information is contained in the NCARB Blue Cover Council Record.

- ◆ All licensees who enter into partnerships, limited partnerships or profit corporations, sub chapter S corporations or any other form of business entity in which their professional talent and services are utilized, must file a statement with the Board of the existence of the business entity and of their relationship to it.

6. GENERAL INFORMATION

- ◆ The Montana Board of Architects does not have temporary licensure for architects.
- ◆ Applicants may contact the National Council of Architectural Registration Boards (NCARB) for any information required above at 202-783-6500 or their website at <http://www.ncarb.org>
- ◆ A non-resident architect who holds a current, unexpired, unrestricted license to practice architecture issued by the state in which the architect's principal offices are located and holds a current NCARB Council Record, may, upon furnishing the Board with verification of licensure from the other state licensing authority, and verification of their NCARB Council Record, offer architectural services in this state, but may accept no commission or otherwise engage in the practice of architecture within the state until licensed by the Board.
- ◆ Nothing shall prevent a partnership (including a registered limited liability partnership), limited liability company or corporation (including a professional corporation) from performing or holding itself out as able to perform any of the services involved in the practice of architecture, provided, that two-thirds of the directors (if a corporation) are registered under the laws of any United States jurisdiction or any foreign jurisdiction approved by the Board as architects or engineers and that one-third of the general partners, managers or directors are registered as architects in Montana.
- ◆ A completed application, which includes the current NCARB Council Records, will take approximately 10-15 days to issue a license.
- ◆ If you are going to be applying for licensure by using the NCARB Uniform Application for Architectural Registration then you will need to also submit the following forms included with your application: (these forms can be found on our website)
 1. Relationship form
 2. Supplemental Form

Please make sure all required documents are submitted with a completed application. Incomplete applications cause delays in processing. Please do not send cash. Payments are to be made by check or money order. Mail your completed application and supporting documents to the Board office address found on the top of page one.

The Montana Board of Architects and Landscape Architects

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Helena MT 59620
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E-mail: dlibsdark@mt.gov
Website: www.architect.mt.gov

Architect Application

Which method are you seeking licensure?
Registered in another state or by Exam

Application Fee: (nonrefundable)

\$180.00 for applicants registered in another state

There is no application fee for applying to take the exams

Social Security Number_____

Date of Birth_____

Last Name_____

First Name _____

Middle Name_____

Also Known As_____

Please indicate how you would like your name to appear on your license and Wall Certificate:

Please indicate your preferred mailing address:

Home

Business

E-Mail Address: _____

Residential Information:

Phone_____

Business (Employer) Information:

Phone_____

Fax_____

Fax _____

Address_____

Firm Name_____

City, State_____

Address_____

Zip Code_____

City, State_____

Zip Code_____

All applicants must answer the following questions. If you answer, "yes" to any of these questions, attach a detailed explanation on a supplemental sheet containing names of organizations, dates, reasons, and outcome. If you answer "yes" to any question that relates to disciplinary action, attach copies of the document that initiated each action and all final orders. Section 37-1-105 MCA, requires that you report this information. Failure to accurately furnish this information is grounds for denial or revocation of your license.

1. Have you ever been denied licensure in any jurisdiction?
 Yes
 No
2. Has a licensing agency ever taken adverse or disciplinary action against your license?
 Yes
 No
3. Has your license ever been forfeited or surrendered?
 Yes
 No
4. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct?
 Yes
 No
5. Have you ever been expelled from or asked to resign from any professional organization of which you were a member?
 Yes
 No
6. Have you ever been charged with or convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of your professional practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending?
You may omit:
1. Traffic violations for which you paid a fine of \$100.00 or less.
2. Charges or convictions prior to your 16th birthday.
 Yes
 No
7. Have you ever been charged with fraud, formally or informally, in any legal proceeding?
 Yes
 No
8. Have you any physical or mental condition, which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public?
 Yes
 No
9. Have you within the last three years, used alcohol or any other mood-altering substance in a manner that adversely affected your ability to practice this profession?
 Yes No

RELATIONSHIP FORM

NAME OF LICENSEE: _____

In accordance with ARM 24.114.404 you must complete either section number 1 or 2 only.

1. If you are associated with the following business entity please mark it and sign this form.

_____ Sole Proprietorship

2. If you are associated with any of the following business entities please mark the appropriate one, indicate which position you hold within the entity, indicate the number of partners etc., and sign the form.

_____ Partnership

_____ Corporation

_____ Limited Liability Company

_____ Limited Liability Partnership

_____ Other _____

_____ S Corporation

Position you hold within the Business Entity:

_____ Officer

_____ Director

_____ Partner

_____ Employee

_____ Managing Member

_____ Member

_____ Other _____

Number of Partners, Managers, and Directors:

_____ Total Number of General Partners, Managers or Directors:

_____ Total Number of Engineers or Architects who are General Partners, Managers or Directors:

_____ Total Number of General Partner, Managers or Directors who are registered as Architects in the State of Montana

24.114.403 BUSINESS ENTITY PRACTICE (1) When there is a partnership or other business entity of architects, the individual names and license numbers may appear on one seal.

(2) Nothing shall prevent a partnership (including a registered limited liability partnership), limited liability company or corporation (including a professional corporation) from performing or holding itself out as able to perform any of the services involved in the practice of architecture; provided, that two-thirds of the general partners (if a partnership), two-thirds of the managers (if a limited liability company), or two-thirds of the directors (if a corporation) are registered under the laws of any United States jurisdiction or any foreign jurisdiction approved by the board as architects or engineers and that one-third of the general partners, managers or directors are registered as architects in Montana.

24.114.404 ARCHITECT PARTNERSHIPS TO FILE STATEMENT WITH BOARD OFFICE (1) All licensees who enter into partnerships, limited partnerships or profit corporations, sub-chapter S corporations or any other form of business entity in which their professional talent and service are utilized, must file with the board office a statement of the existence of the business entity and of their relationship to it.

Affidavit

I authorize the release of information concerning my education, training, record, character, license history, and competence to practice, by anyone who might possess such information, to the Montana Board of Architects.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and the application and licensing instructions. I accept the rules and procedures outlined in these documents as the basis for my application.

Applicant Signature

Date