

MONTANA BOARD OF ARCHITECTS AND LANDSCAPE ARCHITECTS
301 SOUTH PARK
PO BOX 200513
HELENA MT 59620-0513
PHONE (406) 841-2017 FAX (406) 841-2309
E-mail: dlibsdark@mt.gov
Website address: www.architect.mt.gov

1. **LICENSURE OF APPLICANTS BY ENDORSEMENT:** 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.
2. **FEES:**
Application fee: **\$180.00**
3. **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.

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

301 South Park Ave
Helena MT 59620

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E-mail: dlibsdark@mt.gov

Website: www.architect.mt.gov

Architect Application by Endorsement

Application Fee: \$180.00

Last Name _____

First Name _____

Middle Name _____

Also Known As _____

Social Security Number _____

Date of Birth _____

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 _____

Fax _____

Address _____

City, State _____

Zip Code _____

Business (Employer) Information:

Phone _____

Fax _____

Firm Name _____

Address _____

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 had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source.
 Yes
 No
2. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source.
 Yes
 No
3. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source.
 Yes
 No
4. Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source.
 Yes
 No
5. Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source.
 Yes
 No
6. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source.
 Yes
 No
7. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source.
 Yes
 No

8. Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.
- Yes
 No
9. Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your professional or occupation? If yes, please attach a detailed explanation and provide documentation from the source.
- Yes
 No
10. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source.
- Yes
 No
11. Have any civil legal proceedings been filed against you by a employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition.
- Yes
 No
12. Do you have any criminal charges pending or have you ever pled guilty, forfeited bond, or been convicted of a crime (whether or not sentence was suspended or deferred), or have you pled no contest or had prosecution deferred whether or not an appeal is pending? If yes, attach a detailed explanation and documentation from the source. You must report but may omit documentation for: (1) misdemeanor traffic violations resulting in fines of less than \$100; and (2) charges or convictions prior to your 18th birthday unless you were tried as an adult.
- Yes
 No
13. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.
- Yes
 No
14. Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.
- Yes
 No
15. Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source.
- 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, license history, and competence to practice, by anyone who might possess such information, to the Montana Board of Architects.

I hereby declare 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