

Montana Board of Architects and Landscape Architects
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PO Box 200513
Helena, MT 59620-0513
406-841-2351, Fax: 406-841-2309
E-MAIL: dliarc@mt.gov
WEBSITE: <http://www.architect.mt.gov>

EMERITUS APPLICATION

APPLICATION FEE: \$25

Note: Please type or print legible:

Full Name:

Last	First	Middle
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License Number: _____

Permanent Mailing Address: _____
Street or PO Box #

City & State	Zip	Country
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Telephone: (_____) _____
Home

Social Security Number: _____ Foreign ID Number: _____

I am aware that in order to reinstate my license I must meet the following requirements defined in 37-65-311(MCA):

- Payment of applicable fees,
- Meet all current requirements for registration

I am affirming that I no longer practice architecture in the State of Montana and can no longer use my seal. Enclosed is the \$25.00 emeritus application fee made payable to the Board of Architects and Landscape Architects.

(Signature) Date _____