

MONTANA BOARD OF ARCHITECTS
SUPPLEMENTAL FORM-RECIPROCITY LICENSURE

NAME OF APPLICANT: _____

All reciprocal applicants are required to complete this form for processing of the Montana Architect application for approval for licensure.

Therefore, we request that you complete the form and return it to this office. When all material has been received and reviewed, your application shall be processed for licensure.

Please indicate below in which state/s you hold/held an Architectural license:

Signature: _____ Date: _____

** Signature on the form verifies that the applicant has read the Montana Laws and Rules for Architecture and is aware of what is required to practice Architecture in Montana