

**ARKANSAS STATE BOARD OF ARCHITECTS**  
101 East Capitol Avenue, Suite 110  
Little Rock, Arkansas 72201-3822

501.682.3171 ▪ Fax: 501.682.3172  
E-mail: arch@arkansas.gov ▪ Web Address: www.arkansas.gov/arch

**RESIDENT INITIAL APPLICATION FOR CERTIFICATE OF AUTHORIZATION**

**INSTRUCTIONS:**

1. **All fees are non-refundable.**
2. **Enclose** with this application a check in the amount of **Two Hundred and Fifty Dollars (\$250.00) payable to the Arkansas State Board of Architects.**
3. Your professional organization **MUST** be registered with the Arkansas Secretary of State. The Arkansas Secretary of State's telephone number is 501.682.1010 and their web address is [www.sos.arkansas.gov](http://www.sos.arkansas.gov);
4. a. If applying as a **Corporation**, after you have registered your corporation with the Arkansas Secretary of State, you **MUST** submit with this application a **copy** of the articles of incorporation;

**OR**

- b. If applying as a **Partnership or Limited Liability Organization**, after you have registered your organization with the Arkansas Secretary of State, you **MUST** submit this application with a **certified copy** of the articles of organization.
5. If your articles of incorporation/organization do not list the current directors, you **MUST** include minutes of your corporation/organization that list the current directors/partners.
6. You **MUST** submit a list of the directors/partners with their disciplines.
7. ANY CHANGE OCCURRING IN THE ABOVE INFORMATION DURING THE PERIOD FOR WHICH THE CERTIFICATE OF AUTHORIZATION IS GRANTED **MUST** BE REPORTED TO THE BOARD **WITHIN THIRTY DAYS** AFTER THE EFFECTIVE DATE OF SUCH CHANGE. IF THE CHANGE IS NOT REPORTED, YOUR CERTIFICATE OF AUTHORIZATION WILL BE REVOKED.
8. **Certificates of Authorization MUST be renewed by the 31<sup>st</sup> of December each year.** FAILURE TO TIMELY RENEW YOUR CERTIFICATE OF AUTHORIZATION WILL RESULT IN A PENALTY FEE OF FIFTY DOLLARS (\$50.00) FOR EACH MONTH THE CERTIFICATE IS NOT RENEWED.

**INCOMPLETE APPLICATIONS WILL BE RETURNED.**

**Arkansas State Board of Architects**  
**RESIDENT INITIAL APPLICATION FOR CERTIFICATE OF AUTHORIZATION**

FIRM NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ WEB ADDRESS: \_\_\_\_\_

TYPE OF ORGANIZATION: \_\_\_\_\_

(Corporation, Partnership, Limited Liability, etc.)

List the name of the director or partner along with their Arkansas registration number who has the practice of architecture in his charge for the State of Arkansas. This person must be registered to practice architecture in the State of Arkansas.

Director/Partner: \_\_\_\_\_ AR Registration #: \_\_\_\_\_

NOTE: This individual must maintain a current Arkansas Individual Architects License. Failure to maintain valid license shall result in revocation of the Firms' Certificate of Authorization.

ORIGINAL STATE OF ORGANIZATION: \_\_\_\_\_

Does this firm have a satellite office in the State of Arkansas? ( ) YES ( ) NO

If YES, list Address: \_\_\_\_\_

Name of Architect in charge of the satellite office: \_\_\_\_\_

Architect's Arkansas Registration Number: \_\_\_\_\_

List below EVERY Director (Corporations/LLC) OR Partner (Partnership) including ALL of the following information. Use additional sheets if necessary.

Eligibility Requirements: 2/3 of the Directors for a Corporation/Limited Liability Corporation or 2/3 of the Partners for a Partnership must be Architects or Engineers and one Director/Partner must hold a valid Arkansas Individual Architects' License.

Name: \_\_\_\_\_ Registration State: \_\_\_\_\_ Registration #: \_\_\_\_\_

Firm Address/City/State/Zip: \_\_\_\_\_

Disciplines (Architect, Engineer, etc.): \_\_\_\_\_

Name: \_\_\_\_\_ Registration State: \_\_\_\_\_ Registration #: \_\_\_\_\_

Firm Address/City/State/Zip: \_\_\_\_\_

Disciplines (Architect, Engineer, etc.): \_\_\_\_\_

Name: \_\_\_\_\_ Registration State: \_\_\_\_\_ Registration #: \_\_\_\_\_

Firm Address/City/State/Zip: \_\_\_\_\_

Disciplines (Architect, Engineer, etc.): \_\_\_\_\_

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND ACCURATE.

Signed: \_\_\_\_\_

President or General Partner

Title

Date