

ARCHITECTURAL ENDORSEMENT APPLICATION
FOR REGISTERED INTERIOR DESIGNER

INTERIOR DESIGN EXAMINING BOARD
200 EAST GRAND, SUITE 350, DES MOINES, IA 50309
515-725-9022 Email: InteriorDesignBoard@iowa.gov

All applicants are responsible for knowing Iowa licensing and administrative law pertaining to their profession. You may review Code of Iowa 544C and Iowa Administrative Rules 193G at <https://plb.iowa.gov/>.

1. **ATTACH OFFICIAL TRANSCRIPTS**

2. **COMPLETE AND VERIFY CONTENTS OF THE APPLICATION**

3. **ATTACH LETTER(S) OF GOOD STANDING:** Obtain letter(s) of good standing from state licensing boards where you are licensed as an active architect. This letter should confirm passing the architectural exam. Enclose with your application.

4. **PAYMENT INFORMATION:** Registrants with last names beginning with A through K expire on June 30 of even numbered years. Registrants with last names beginning with L through Z shall expire on June 30 of odd numbered years. Registration fees and continuing education requirements shall be applied pro rata to those registrants whose certificates expire in less than two years. All checks should be made payable to "State of Iowa". Registration fee is \$275.00. This fee divided by 24 months is \$11.46 per month. Take the monthly rate times the number of months until you are due to renew. Include the current month and the month of June as you calculate.

5. **SUCCESSFUL EXAMINATION:** If the letter of good standing does not include confirmation of passing the architectural exam, then attach documentation of passing the *NCIDQ* or *ARE* examination.

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SECTION 1 - ADMINISTRATIVE INFORMATION		
Name (Last, first, middle):		Other names used:
Preferred Name for Registration Documents:		
Home Address (Street and PO Box Number, City, State, Zip):		
Home Telephone:	Business Telephone:	
Business Name and Address (Street with Suite and PO Box Number, City, State, Zip):		
Preferred mailing address? <input type="checkbox"/> Home <input type="checkbox"/> Business		
Iowa Architect License Number:	Date Issued:	Currently registered and in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2 - DISCIPLINE INFORMATION

If you answer "Yes" to any of these questions, attach a complete explanation.

1. Have you ever had a professional license or authority to practice of any kind revoked, suspended, cancelled, or otherwise disciplined by a licensing board or agency of any state, or a federal agency? yes no
2. Have you had an initial or renewal application for any professional license denied or refused? yes no
3. Have you surrendered a professional license of any type to resolve a disciplinary investigation or proceeding jurisdiction? yes no
4. Have you ever been convicted of a felony in any state, federal, or foreign jurisdiction? yes no
5. Have you been convicted of any other criminal offense in any state, federal, or foreign jurisdiction, other than a traffic offense or simple misdemeanor? yes no

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SECTION 3 - PRACTICAL AND PROFESSIONAL EXPERIENCE

The Board may ask for verification from references or additional documentation to validate experience.
 "Interior Design" means the design of interior spaces including the preparation of documents relating to space planning, finish materials, furnishings, fixtures, and equipment, and the preparation of documents relating to interior construction that does not affect the mechanical or structural systems of a building. "Interior Design" does not include services that constitute the practice of architecture or the practice of professional engineering.
 Minimum interior design experience required is 3,250 hours.

Name of Employer, Address and name of supervisor who supervised your work.	Dates of Employment (MM/YY)	Description of Duties Pertaining to Interior Design

I HEREBY CERTIFY that I have not violated the provisions of the license laws of any state other than violations revealed in this application. I **FURTHER CERTIFY** that I have reviewed and am familiar with and will be bound by the Iowa license law and rules of the Board, and that I personally completed this application and that the answers are true and correct to the best of my knowledge and belief.

Applicant's Signature _____ Date: _____

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******NOTICE******

***** PRINT THIS PAGE SEPARATELY*****

****THIS PAGE WILL NOT BE ADDED TO FILE OR PART OF PUBLIC RECORD****

CONFIDENTIAL INFORMATION

Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 252J.8(1) and 261.126(1), and Iowa Code § 272D.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

Social Security number _____ - _____ - _____ Birth Date mm/dd/yyyy: _____/_____/_____

EMAIL: _____

METHOD OF PAYMENT

Choose Payment Option 1 or 2:

PAYMENT OPTION 1 -

Payment Enclosed, Check or Money Order made payable to "State of Iowa"

PAYMENT OPTION 2 -

Please bill my credit card \$ _____

*** The charge will appear on your statement as Professional Licensing Bureau**

Discover Number _____ - _____ - _____ - _____

MasterCard Number _____ - _____ - _____ - _____

Visa Number _____ - _____ - _____ - _____

Expiration Month and Year: _____ / _____

X _____ X _____
Name of Cardholder (please print) Signature