## **Iowa Architectural Examining Board**

200 East Grand, Suite 350 | Des Moines, IA 50309 (515) 725-9022 | <u>ArchitectureBoard@iowa.gov</u> | <u>www.plb.iowa.gov</u>

NOTICE OF INTENT TO OFFER ARCHITECTURAL SERVICES PRIOR TO REGISTRATION IN IOWA in accordance with <u>Iowa Code Section 544A.15(1)</u> and <u>193B Iowa Administrative Code 2.2(2)</u>

Name:			
First	Middle	Last	
Firm Name:			
NCARB Certificate Number:			
State of Primary Practice:current registration)		(please provide the lowa board with	າ verification of
Registration Number:		Expiration Date:	
Affidavit			
1,	hereby swear or affire	m that I hold a valid NCARB certifi	cate and a valid
registration as an architect in the st	tate of	I have not had any disciplinary a	ction imposed by
any regulatory authority and no d	isciplinary action is cur	rrently pending against me. I have	not and will not
engage in any of the practices in lo	wa that are listed in lov	va Code section 544A.16 without firs	st complying with
all the laws and rules governing re	gistration as an archite	ect. I have read and understand <u>lov</u>	wa Code Chapter
544A and <u>Iowa Administrative Code</u>	section 193B.		
A copy of this notice has been provi	ded to every prospectiv	ve client in the state of Iowa.	
Under penalty of perjury, I hereby and correct to the best of my know	••	nformation provided on this entire a	pplication is true
Signadi		Data	