



Iowa Architectural Examining Board | Certification of Licensure/Registration

This Section To Be Completed By The Applicant		
Name (Last, First, Middle)		Previous Name(s)
Current Address		
City	State	Zip
Date Of Birth		Social Security Number
Names As It Appears On License (Last, First, Middle, Pre-Marriage)		
State Of Licensure	Issue Date	License Number
This Section To Be Completed By The Licensing Jurisdiction In Which The Applicant Is Licensed		
<p>I certify that _____ was issued _____ on _____ (Applicant) (License No.) (Date)</p> <p>Current License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Expired <input type="checkbox"/> Other _____</p> <p>Licensed by: <input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity <input type="checkbox"/> Other _____</p> <p>The applicant has met the educational requirements, experience, and exam requirements in effect in this jurisdiction at the time licensure was granted. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the applicant had a license revoked or voluntarily surrendered a license while under investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the applicant had any discipline imposed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "yes", please submit a copy of the charges, finding, and order with this certification.</i></p> <p>Does the applicant have a complaint, allegation or investigation pending? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Licensing Board must affix seal, sign the document below and email to: ArchitectureBoard@iowa.gov</p>		
(Seal)	Signature	
	Title	
	State	Date