



**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  |                        |                |
| I certify that _____ was issued _____ on _____<br>(Applicant) (License No.) (Date)   |                        |                |
| Current License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Expired <input type="checkbox"/> Other _____                  |                        |                |
| Licensed by: <input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity <input type="checkbox"/> Other _____   |                        |                |
| 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 |                        |                |
| Has the applicant had a license revoked or voluntarily surrendered a license while under investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                        |                |
| Has the applicant had any discipline imposed? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>If "yes", please submit a copy of the charges, finding, and order with this certification.</i>      |                        |                |
| Does the applicant have a complaint, allegation or investigation pending? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                        |                |
| <b>Licensing Board must affix seal, sign the document below and email to: <a href="mailto:ArchitectureBoard@iowa.gov">ArchitectureBoard@iowa.gov</a></b>   |                        |                |
| (Seal)   | Signature              |                |
|  | Title                  |                |
|  | State                  | Date           |