

ALABAMA BOARD FOR REGISTRATION OF ARCHITECTS
100 N. Union Street, Suite 390
Montgomery, AL 36130-4450 (Overnight Mail Zip -36104)
(334) 242-4179
HTTP://WWW.BOA.ALABAMA.GOV

FOR BOARD USE ONLY:

Date	Receipt Number	Amount
------	----------------	--------

ARCHITECT REGISTRATION RENEWAL NOTICE
JANUARY 1, 2020 TO DECEMBER 31, 2020

TYPE ARCHITECT NAME, FIRM NAME, AND FULL ADDRESS:

NAME:

REGISTRATION NUMBER: _____

FIRM NAME:

SOCIAL SECURITY NO: (LAST 4 ONLY) XXX-XX-_____

ADDRESS:

PHONE NUMBER: _____

CITY, STATE, ZIP CODE

E-MAIL ADDRESS: _____

In order to continue your architect registration in the state of Alabama, you must complete this form in its entirety. Sign, date, and return the form with your check for renewal **NO LATER THAN DECEMBER 31, 2019** to avoid the late penalty. Please do not submit your renewal form without a check unless you are an Emeritus Architect.

ARCHITECT RENEWAL FEES

Renewal Fees for Alabama-registered Architects are as follows:

Architects	\$135.00 (MAKE CHECKS PAYABLE TO: ALABAMA BOARD OF ARCHITECTS)
Late Penalty	\$75.00 (add if postmarked after 12/31/19)
Emeritus Architect	\$0.00

CHECK THE STATEMENT THAT APPLIES TO YOU:

_____ I certify and affirm that I have completed _____ continuing education hours during the period January 1, 2019 through December 31, 2019.

_____ I am exempt from continuing education requirements for the following reason:

____ Emeritus Architect ____ First-Time Registrant ____ Personal Hardship (attach approval letter) ____ Military

ANSWER ALL QUESTIONS BELOW:

- Yes No Have you been charged, arrested, convicted, found guilty or pleaded "no contest" to any criminal offense since the filing of your last renewal application (excluding misdemeanor traffic infractions)? If YES, submit details.
- Yes No Have you been investigated, charged, or disciplined by a governing or licensing board since the filing of your last renewal application? If YES, submit details.
- Yes No Are you currently under investigation by a governing or licensing board or by a state or federal agency? If YES, submit details.

Signature: _____ Date: _____