



Change of Information Notice

And/Or

Request for Replacement of Certificate

Instructions: This form is for the purpose of an Alabama registered architect to notify the Alabama Board for Registration of Architects that they have a change of information (address, contact information, firm name, or name change) and/or are requesting a replacement of their Certificate. Please allow up to ten (10) business days for processing. Send Completed Form to: licensing@boa.alabama.gov

Section 1 – Verification. List current registrant information on file below:

Last Name: _____ First Name: _____ Middle Name: _____

Registrant Number: _____

Section 2 – Change of Information. Complete all sections below that have changed:

Last Name: _____ First Name: _____ Middle Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Firm Name: _____

Firm Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone: _____ E-mail Address: _____

Section 3 – Request. Please check below the specific request(s) needed:

- Change of Address and/or Contact Information – I am requesting a change of information (address change, update of contact information, firm change, etc.)
- Name Change – I am requesting to update my official record with legal name change. I have included at least one of the following required documents regarding legal name change (Marriage Certificate, Divorce Decree, or Court Document).
- Certificate Replacement – I have lost my certificate and am requesting a replacement.

Section 4 – Affidavit of Architect. Please Sign and Date.

I, _____ acknowledge and state that all of the information supplied in this form is true and correct to the best of my knowledge. I understand that making a false representation on this form may subject me to disciplinary action under the laws of the State of Alabama.

Signature

Date