



**Ohio Architects Board**  
**Ohio Board of Landscape Architect Examiners**

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## Change of Address/Contact Information

*Please complete all information and return the form to:*  
**Stephanie Happ at [stephanie.happ@arla.state.oh.us](mailto:stephanie.happ@arla.state.oh.us)**

<b>Section A: Personal Information</b>			
First Name	Middle Name/Initial	Last Name	Maiden Name
Profession (check one) <input type="checkbox"/> Architect <input type="checkbox"/> Landscape Architect		Ohio License No.	Date of Birth
<b>Section B: New Credential Mail Address</b>			
<b>This change is for (check one):</b> <input type="checkbox"/> Firm <input type="checkbox"/> Individual <b>If Firm Please Include Firm Name:</b>			
Mailing Address – Number and Street			City
State	Zip Code	County	
Work Telephone	Mobile Phone	Home Telephone	FAX
Email Address (required)			