State of Ohio
BOARD OF EXAMINERS OF ARCHITECTS
77 S. High St., 16th Floor
Columbus, Ohio 43215
(614) 466-2316
www.arc.ohio.gov

RENEWAL NOTICE

APPLICATION FOR 2006-2007 BIENNIAL LICENSE RENEWAL

NAME: _____ **Registration # ARC .** _____

ADDRESS: _____ **Date renewal mailed** _____

CITY, STATE ZIP CODE: _____ **Check Number** _____

Your License Expired: December 31, 2005

Your Ohio license to practice Architecture expired on December 31, 2005. **With the late penalty, the renewal cost is $137.50**. The new license dates are January 1, 2006, through December 31, 2007.

If you do not wish to renew your license, please mark the box below and return to 77 S. High St., 16th Floor, Columbus, Ohio 43215-6108.

New Continuing Education Requirement

Beginning January 1, 2006, every architect must earn 24 contact hours of Continuing Education in order to renew the license for 2008-2009. Maintain accurate records of all coursework as the Board shall conduct audits. We will accept certificates of completion, the AIA transcript, and other verifiable sources of documentation. Failure to complete continuing education can result in fines, suspension, or revocation of the license. More information about the Continuing Education requirement is available online at www.arc.ohio.gov

Mail your renewal to:

Include the lower portion of page one and retain a copy for your records. **Include check or money order for $137.50**, U.S. dollars only, payable to **"Ohio Board of Examiners of Architects"** and send to**:**

Ohio Board of Examiners of Architects
77 S. High St, 16th Floor
Columbus, Ohio 43215-6108

DETACH HERE AND RETAIN THE UPPER PORTION FOR YOUR RECORDS

Affidavit of Liability - Answer the following questions. An architect making a false statement or failing to disclose material information is subject to discipline by the Board. Discipline may include fines, suspension, or revocation of your license to practice architecture in Ohio.

If you answer yes to any of these statements, provide a written explanation and include it with your renewal application.

___ **Yes** ___ **No** In the past 5 years, I have been disciplined, had my license to practice architecture suspended or revoked, or surrendered my license to practice architecture in any jurisdiction.

___ **Yes** ___ **No** In the past 5 years I have been found by a civil court guilty of fraud or deceit in my professional practice of architecture.

___ **Yes** ___ **No** I have been convicted of a felony offense by a court in any jurisdiction.

OHIO BOARD OF EXAMINERS OF ARCHITECTS
77 S. High St. 16th Floor
Columbus, Ohio 43215-6108

____ **Check enclosed** ____ **I do not wish to renew my license.**

License # ARC_____

Name (PRINT) _____

Daytime Telephone (required): _____

Email Address (required): _____

_____
Signature **Date**
Your signature acknowledges that you have read and answered truthfully the questions above.

USE ONLY FOR A CHANGE OF MAILING ADDRESS

Firm: _____

Street: _____

Apt. or Suite: _____

City: _____

State: _____ **Zip Code:** _____