

NOTICE

This application for licensure in the District of Columbia is provided to you in a ***new interactive format***. This application form **can** be filled out online, but the form **cannot** be submitted electronically. You must print out the completed form and submit with all other required documentation listed in the application instructions section of the new license package.

Please note the following instructions for completing your application form:

- Fill out your application information online.
- Print and notarize your completed application form.
- Mail the application, along with all required supporting documents and applicable fees, to Pearson VUE at the address listed on the application.

Should you encounter any problems with completing the application form online, we welcome your questions and feedback. We encourage our customers to contact us by **email**, or by dialing the toll-free number listed on the application.

[Proceed to the application.](#)

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Occupational and Professional Licensing Administration**

DC AR LIC02



**Board of Architecture and Interior Design
NEW LICENSE APPLICATION**

Please read instructions before completing this form. If you have any questions, call Pearson's toll-free Customer Service line at **1-877-687-8878** Monday through Friday, 8AM to 5PM EST. **A charge of \$65.00 will be imposed for dishonored checks (public Law 89-208).**

SECTION 1. REQUESTED LICENSE TYPE/FEES (includes non-refundable application fee – see instructions)

<p>Method (Origin) of Application: (Check only one)</p> <table style="width:100%;"> <tr> <th style="text-align: left;">Code</th> <th style="text-align: left;">Description</th> </tr> <tr> <td>(E) <input type="checkbox"/></td> <td>Examination</td> </tr> <tr> <td>(R) <input type="checkbox"/></td> <td>Re- Examination</td> </tr> <tr> <td>(N) <input type="checkbox"/></td> <td>Endorsement</td> </tr> <tr> <td>(O) <input type="checkbox"/></td> <td>Other</td> </tr> </table>	Code	Description	(E) <input type="checkbox"/>	Examination	(R) <input type="checkbox"/>	Re- Examination	(N) <input type="checkbox"/>	Endorsement	(O) <input type="checkbox"/>	Other	<p>(See page 3-4 of Instructions for License Type, Specialties and Fee Listing to complete below).</p> <p>Requested License Type:</p> <table style="width:100%;"> <tr> <td style="width:20%;">Code _____</td> <td style="width:60%;">Description _____</td> <td style="width:20%; text-align: right;">\$ _____.00</td> </tr> </table> <p>Requested Specialty:</p> <table style="width:100%;"> <tr> <td style="width:20%;">Code _____</td> <td style="width:60%;">Description _____</td> <td></td> </tr> </table> <p><input type="checkbox"/> Duplicate Licenses _____ X \$30.00 = \$ _____.00</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">PEARSON VUE ONLY</th> <th rowspan="2" style="text-align: right;">Total Enclosed \$ _____.00</th> </tr> <tr> <th style="text-align: center;">Check \$</th> <th style="text-align: center;">Ck #</th> <th style="text-align: center;">Clerk</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$ _____.00</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Code _____	Description _____	\$ _____.00	Code _____	Description _____		PEARSON VUE ONLY			Total Enclosed \$ _____.00	Check \$	Ck #	Clerk	\$ _____.00			
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<p>Make check or money order payable to Pearson VUE and mail to:</p> <p>PEARSON VUE Department DC – AR Metro-Plex I, Suite 250 8401 Corporate Drive Landover, MD 20785</p>																												

SECTION 2. APPLICANT OR COMPANY NAME/DEMOGRAPHIC INFORMATION

Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, please complete the "Previous Names" section of this application. You must also provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

FIRST NAME _____	MI _____	LAST NAME _____	SUFFIX (Jr, Sr, etc.) _____
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SOCIAL SECURITY NUMBER*/FEIN _____ - ____ - ____	DATE OF BIRTH M M D D Y Y Y Y ____ - ____ - ____
PLACE OF BIRTH Provide City and State for US birthplace or Country for foreign place of birth.	<input type="checkbox"/> Male <input type="checkbox"/> Female GENDER Please check the correct box.

* Due to an amendment to the D.C. laws (DC Law 13-269 – "Child Support and Welfare Reform Compliance Amendment Act of 2000," effective March 31, 2001), the Department of Consumer and Regulatory Affairs is now required to collect and maintain Social Security Numbers in licensee files.

NOTICE OF NON-DISCRIMINATION

In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Code §2-1401.01 et seq. ("the Act"), the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income, or place of residence or business or Victim of an Intra-Family Offense (domestic violence). Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

NOTICE OF MAKING FALSE STATEMENTS

Any person convicted of making false statements shall be fined not more than \$1,000 imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia government, under circumstances in which the statement could reasonably be expected to be relied upon as true.

NOTICE OF FRAUD, CORRUPTION AND WASTE

If you are aware of corruption, fraud, waste, abuse, or mismanagement involving any D.C. government agency, official or program, contact the Office of the Inspector General (OIG) at the OIG Hotline, (202) 727-0267 or (800) 521-1639 (toll free). All reports are confidential and you may remain anonymous. By law, government employees are protected from reprisals or retaliation by their employers for reporting to the OIG. The information you provide may result in an investigation leading to administrative action, civil penalties, or criminal prosecution in appropriate cases.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Occupational and Professional Licensing Administration**

NEW LICENSE APPLICATION

SECTION 3. PREVIOUS NAMES

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Changed to current name by: Marriage Divorce Court Order

FIRST NAME MI LAST NAME SUFFIX
Changed to current name by: Marriage Divorce Court Order (Jr, Sr, etc.)

FIRST NAME MI LAST NAME SUFFIX
Changed to current name by: Marriage Divorce Court Order (Jr, Sr, etc.)

FIRST NAME MI LAST NAME SUFFIX
Changed to current name by: Marriage Divorce Court Order (Jr, Sr, etc.)

FIRST NAME MI LAST NAME SUFFIX
(Jr, Sr, etc.)

SECTION 4A. HOME ADDRESS

Even if you have a PO Box, a street address MUST also be provided. The zip code should correspond to the PO Box number.

APARTMENT SUITE FLOOR PO BOX NUMBER _____

HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE ZIP CODE + 4 EMAIL ADDRESS

HOME PHONE NUMBER HOME FAX NUMBER

SECTION 4B. BUSINESS ADDRESS

Even if you have a PO Box, a street address MUST also be provided. The zip code should correspond to the PO Box number.

COMPANY NAME

APARTMENT SUITE FLOOR PO BOX NUMBER _____

BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)

BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE ZIP CODE + 4 EMAIL ADDRESS

BUSINESS PHONE NUMBER BUSINESS FAX NUMBER

SECTION 4C. PREFERRED MAILING ADDRESS

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed. The address that will appear on your license is determined by your license type.

HOME BUSINESS

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
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NEW LICENSE APPLICATION

SECTION 9. SUPPORTING DOCUMENTS REQUIRED			PEARSON VUE ONLY
Please indicate the supporting documents you have included with this package or requested to be sent to Pearson VUE on behalf of your professional licensing Board. Keep a photocopy of all supporting documents for your records.			
A.	All applicants: Two recent passport-type photos of the applicant's face (approx. 2" X 2") with applicant's name printed on the back. Home snapshots or computer photographs are not acceptable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
B.	All applicants: Include a legible copy of government issued photo ID, such as your valid driver's license as proof of identity, which must be submitted as a supporting document.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
C.	All applicants: If applicant's name has changed since attending College. Copies of legal documents supporting all name changes.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
D.	If Architect applicant by examination: Proof of a Bachelor's of Architecture degree or a Master's degree in Architecture should be submitted to NCARB. This information is will be included in the NCARB (Green) Cover File.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
E.	If Architect applicant by examination: Did you complete the training requirements of the Mandatory Intern Development Program (IDP) administered by NCARB.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
F.	If Architect applicant by examination: After passing the examination, applicant must request the National Council of Architectural Registration Boards (NCARB) Examination File to be sent to Pearson VUE on behalf of the Board.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
G.	If Architect applicant by Endorsement: You must apply through the NCARB Certification process and request that your NCARB Examination/ Work History File be sent directly to Pearson VUE on behalf of the Board. Applicant must have at least 3 years of experience and be a NCARB certificate holder..	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
H.	If Interior Designer applicant by examination: Applicants must submit to NCIDQ, the NCIDQ Qualification Verification Form for completion and have the NCIDQ return it to Pearson VUE on behalf of the Board. This is also required for Interior Designers who hold licenses from other jurisdictions.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
I.	Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
J.	Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
K.	Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
L.	Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
M.	Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
N.	Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
O.	Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
P.	Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
Q.	Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
R.	Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
S.	Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
T.	Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
U.	Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>

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PEARSON VUE ONLY - EXAM RESULTS

EXAM #1	EXAM #2
Exam Name/ID: <input type="text"/>	Exam Name/ID: <input type="text"/>
Exam Date: (mm/dd/yyyy) <input type="text"/>	Exam Date: (mm/dd/yyyy) <input type="text"/>
Raw Score: <input type="text"/>	Raw Score: <input type="text"/>
Converted Score: <input type="text"/>	Converted Score: <input type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Exam Part/ID: <input type="text"/>	Exam Part/ID: <input type="text"/>
Raw Score: <input type="text"/>	Raw Score: <input type="text"/>
Converted Score: <input type="text"/>	Converted Score: <input type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
EXAM #3	EXAM #4
Exam Name/ID: <input type="text"/>	Exam Name/ID: <input type="text"/>
Exam Date: (mm/dd/yyyy) <input type="text"/>	Exam Date: (mm/dd/yyyy) <input type="text"/>
Raw Score: <input type="text"/>	Raw Score: <input type="text"/>
Converted Score: <input type="text"/>	Converted Score: <input type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Exam Part/ID: <input type="text"/>	Exam Part/ID: <input type="text"/>
Raw Score: <input type="text"/>	Raw Score: <input type="text"/>
Converted Score: <input type="text"/>	Converted Score: <input type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
EXAM #5	EXAM #6
Exam Name/ID: <input type="text"/>	Exam Name/ID: <input type="text"/>
Exam Date: (mm/dd/yyyy) <input type="text"/>	Exam Date: (mm/dd/yyyy) <input type="text"/>
Raw Score: <input type="text"/>	Raw Score: <input type="text"/>
Converted Score: <input type="text"/>	Converted Score: <input type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Exam Part/ID: <input type="text"/>	Exam Part/ID: <input type="text"/>
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