



Individual Architect Registration Application Instructions

Registration Period: January 1 through December 31

9625 Fenway Avenue, Suite B, Baton Rouge, LA 70809

(225) 925-4802 * bd@lsbae.com

The legislature has enacted laws which govern the practice of architecture in Louisiana. In accordance with those laws, the LSBAE has adopted rules which regulate the registration of individuals practicing architecture. To register as an architect, one must meet the education, experience and examination requirements. Additionally, architects renewing their license have continuing education requirements that must be met on an annual basis. For more information, see [Board Rule §1315](#).

Please make sure we have an email contact for you for questions related to this form.

1. Name as you would like it to appear on your license and Social Security Number
2. Please enter your e-mail address where you would prefer to receive communications from the Board and your date of birth.
3. Please provide your firm name and firm registration number.
4. Please provide your firm address
5. Please provide your firm phone number, work e-mail and website
6. Please provide your home address to which you would like correspondence sent.
7. Please provide your home and mobile phone number.

MORAL CHARACTER DATA

8. Please indicate if you have practiced architecture in Louisiana without a license
 - 8a. Please list projects you have practiced or offered to practice on if you responded yes to question 5.
9. Please indicate if you have been investigated, charged, or disciplined or you are currently under investigation by a governing or licensing board or by a state or federal agency.
10. Please indicate if you been investigated, charged, or disciplined by a governing or licensing state or federal body or if you have been party to civil litigation alleging fraud or gross negligence in the practice of architecture.
Please provide a brief explanation and formal documentation relevant to your affirmative responses.

CERTIFICATION

Please certify that you have read the [Louisiana Architects Licensing Law](#) and the [LSBAE rules](#), and that your answers are true and correct.

SUBMITTING YOUR APPLICATION

Please make sure your application is complete, the certification is checked affirmatively, the form is signed, and a check (made payable to LSBAE) is enclosed or it will not be processed.

Mail to LSBAE, 9625 Fenway, Suite B, Baton Rouge, LA., 70809.

Please feel free to contact us at bd@lsbae.com if you have questions.

REGISTRATION FEES:

In-State:	\$75.00
Out-of-State:	\$150.00



STATE BOARD OF ARCHITECTURAL EXAMINERS
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FEES	ENCLOSED CHECK # _____
<input type="checkbox"/> \$75 – IN-STATE	
<input type="checkbox"/> \$150 – OUT-OF-STATE	

EMAIL: _____
FOR QUESTIONS ABOUT THIS FORM

- 1. Name: _____ Social Security Number: _____
- 2. E-Mail: _____ Date of Birth: _____
- 3. Firm Name: _____ LA FIRM REG #: _____
- 4. Firm Address: _____ City _____ State _____ Zip _____
- 5. Phone: _____ Work E-Mail: _____ Web: _____
- 6. Home Address: _____ City _____ State _____ Zip _____
- 7. Phone: _____ Mobile: _____

MORAL CHARACTER DATA

Please read and answer this section CAREFULLY. If you answer "YES" to any of the Moral Character Data questions, please attach any formal documentation relevant to your affirmative response(s).

- 8. Have you practiced or offered to practice architecture in the state of Louisiana without an active license? [] Yes [] No
8A. IF YES, PLEASE ATTACH A LIST OF PROJECTS.
- 9. Have you been investigated, charged, arrested, convicted, found guilty or pleaded nolo contendere to any criminal offense (excluding non-criminal traffic infractions) or have you been party to any civil litigation alleging that you committed fraud or gross negligence in the practice of architecture? [] Yes [] No
- 10. Have you been investigated, charged, or disciplined, or are you currently under investigation by any governing or licensing board or by a state or federal agency? [] Yes [] No

Upon receipt of this application and the appropriate fee, the individual described herein will be authorized to practice architecture in the state of Louisiana, unless the application is disapproved. This authority will expire on **December 31st**. Failure to renew in a timely manner will result in fines and penalties.

CERTIFICATION:

I certify that I have read the [Louisiana Architect Licensing Law \(La. R.S. 37:141 et seq.\)](#) and the [LSBAE rules](#), and I am qualified to practice architecture in the state of Louisiana. (The laws and rules may be viewed at www.lsbae.com). The information I have provided on this form is true and accurate to the best of my knowledge. [] Yes [] No

Signature _____ (required)

Date _____ (required)