



Arnold Schwarzenegger
GOVERNOR

CALIFORNIA ARCHITECTS BOARD

PUBLIC PROTECTION THROUGH EXAMINATION, LICENSURE, AND REGULATION

400 R STREET, SUITE 4000, SACRAMENTO, CA 95814

cab@dca.ca.gov

916-445-3394 T

916-445-8524 F

APPLICATION FOR ELIGIBILITY EVALUATION

Architect Registration Examination

TYPE OR PRINT CLEARLY IN INK

NAME: _____ SCHOOL CODE: _____
(LAST / FIRST / MIDDLE) PROVIDE SCHOOL CODE OF HIGHEST DEGREE EARNED (see School List)

KNOWN BY ANY OTHER NAME: _____
(INCLUDE MAIDEN NAME)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTRY: _____ COUNTY CODE: _____
(see County Code List)

WORK PHONE: (____) _____ HOME PHONE: (____) _____

BIRTHDATE (MONTH / DAY / YEAR): ____ / ____ / ____ SEX: MALE FEMALE

SOCIAL SECURITY # ¹: _____ NCARB FILE # ²: _____

Have you ever submitted an application or been deemed ineligible for the ARE in California? YES NO
If yes, give date of application _____

Check box if requesting reasonable accommodations pursuant to the Americans with Disabilities Act ²

\$100 **Eligibility Review Fee** *This fee is non-refundable and will cover the administrative cost of application processing and eligibility evaluation. It is required for all new candidates.*

Amount of Enclosed Check: \$ _____

Attach a check for the \$100 Eligibility Review Fee.

Make the check payable to the CALIFORNIA ARCHITECTS BOARD.

I certify under penalty of perjury under the laws of the State of California that the information on this application is true and correct.

Signature: _____

Date: _____

The information requested on this application is required under Sections 5526, 5550, 5551, and 5552 of the Business and Professions Code. All items are mandatory. The information provided will be used to determine qualifications for licensure. The Executive Officer of the Board is responsible for information maintenance.

¹ Disclosure of your social security number is mandatory. Collection is authorized by Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. 405(c)(2)(C)]. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code Section 17520, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

² Please see instruction letter for more information.
19C-1 (7/2003)

FOR OFFICE USE ONLY	
Receipt #	_____
Fee Paid	_____
Date	_____
ID #	_____
LIC #	_____
ISSUE DATE	_____

