



Ohio Architects Board

77 South High Street, 16th Floor
Columbus, Ohio
43215-6108

Phone (614) 466-2316
Fax (614) 644-9048
www.arc.ohio.gov

Instructions for Late Renewal or Reinstatement of Registration to Practice Architecture

- This application is for late renewals or reinstatement of lapsed licenses.
- When approved, your license will be valid through 12/31/2015.
- Incomplete applications will be returned. Keep a copy for your files.
- **Include proof of completion of 12 hours of HSW (Health, Safety and Welfare) continuing education activities** within the past year. Visit <http://www.arc.ohio.gov/continuingeducation.aspx> for requirements.
- If your license expired on or before 12/31/2011, you must include a statement describing your architectural activities since your registration expired.
- Determine correct fee below, and include a check or money order, *U.S. dollars only*, payable to “**Treasurer, State of Ohio**”, and mail to: Ohio Architects Board, 77 S. High St., 16th Fl. Columbus, Ohio 43215-6108.
 - Licenses with 2013 expiration: \$156.25
 - Licenses with 2011 expiration: \$312.50
 - Licenses with 2009 expiration: \$468.75
 - Licenses with 2007 expiration: \$606.25
 - Licenses with 2005 expiration: \$743.75
 - Licenses with 2003 expiration: \$875.75
 - Expiration prior to 2003: \$1000.00
 - Maximum fee is \$1000.00

For questions or assistance, contact:
Stephanie Happ, Certification/Licensure Examiner
Phone: (614) 466-2316
Fax: (614) 644-9048
Email: stephanie.happ@arla.state.oh.us

FIRM REGISTRATION REQUIRED

Ohio Revised Code § 4703.18 (H – L) requires all firms, partnerships, associations, limited liability companies and corporations to obtain a firm Certificate of Authorization **prior** to providing Architectural services in Ohio. See “Firm Registration” at <http://www.arc.ohio.gov/firmregistration.aspx> for further information. In addition, all firms must register to do business in the state of Ohio with the Ohio Secretary of State at <http://www.sos.state.oh.us/SOS/businessServices.aspx>



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Name		Birth Date (month/day/year)	
Ohio License #	Year Ohio License Expired	Social Security # (Required)	
Mailing Address	Check one: Firm Home	Firm Name (if using for mailing address)	
Street	Mobile	Office	
City, State, Zip Code	Email (required)		

ANSWER THESE QUESTIONS: If "Yes" to any of question numbers 1 – 3, submit a statement of facts for each question on a separate sheet of paper.

- Yes No** Have you been the subject of any type of disciplinary action by any professional registration board? Disciplinary action includes, but is not limited to, reprimands, fines, probation, suspension, supervised practice, revocation, cease and desist or consent orders, settlement agreements, stipulations, etc. *Include copies of any final orders or settlement agreements, etc.*
- Yes No** Have you been convicted of any felony or a crime involving moral turpitude, in any jurisdiction? *If yes, include detailed information.*
- Yes No** Are you registered with the Ohio Civil Child Sexual Abuse Registry under ORC 4799.01?
- Yes No** Are you aware of the requirements for firm registration set forth in ORC 4703.18 (H-L)?
- Yes No** Have you read the most recent version of Chapter 4703 of both the Ohio Revised Code (ORC) and the Ohio Administrative Code (OAC)? Obtain online at <http://www.arc.ohio.gov/LawsandRules.aspx> . Download and print a copy for your records.

I, the undersigned, hereby certify that the above information is true. I am aware that misrepresentation on this application may result in disciplinary action in accordance with Chapter 4703 of the Revised Code.

Signature of Licensee _____ Date _____

Board Use Only	Date Received	Check #
CE Reviewed	Disciplinary Database	Director Approved