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STATE OF MARYLAND
DEPARTMENT OF LABOR
STATE BOARD OF ARCHITECTS
 100 S. Charles Street, Tower 1, Baltimore, MD 21201
 Phone 410-230-6261, Fax 410-962-8483
 Dloplboardofarchitects-dllr@maryland.gov
APPLICATION FOR ARCHITECT EMERITUS LICENSE
FEE: \$56.00

Please submit application with FEE to above address. Make check payable to: **MD Board of Architects**

REQUIREMENTS FOR ARCHITECT EMERITUS LICENSE

You may qualify for an architect emeritus license if you:

- (a) are currently licensed in Maryland as an architect;
- (b) have been a licensed architect for at least 25 years, of which 5 years were in Maryland; and
- (c) are not the subject of a pending disciplinary action related to the practice of architecture in this or another state.

Please note that the holder of the architect emeritus license may not engage in the practice of architecture but may use the designation of "Architect Emeritus".

1. PERSONAL DATA

Name

LAST FIRST MIDDLE or indicate (NONE)

Address:

(Street) (Apt, Suite No.)

City _____ State/Country _____ Zip _____

Telephone: Day _____ E-Mail _____

Social Security Number _____ Date of Birth _____

Mo --- Day --- Year

2. LICENSE INFORMATION

Maryland License No		Currently Licensed in Maryland?	<input type="checkbox"/> YES <input type="checkbox"/> NO
License Expiration Date		How long licensed as a Maryland architect?	

If you have not been licensed in Maryland for 25 years, please state your license history below to document that you possess the required number of years (25) as a practicing architect.

STATE	DATES OF LICENSURE (From/To)	NUMBER YEARS LICENSED

3. DISCIPLINARY QUESTION: Must be answered.

ARE THERE ANY PENDING DISCIPLINARY ACTIONS AGAINST YOU RELATED TO THE PRACTICE OF ARCHITECTURE? **YES** **NO**

IF YES, WHERE (STATE)? _____

PLEASE EXPLAIN NATURE OF THE CHARGES:

4. CERTIFICATION

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I further authorize the release of any information contained within this agreement to an authorized representative of the Department of Labor for further investigation. I certify that I have paid all undisputed taxes and unemployment insurance contributions payable to the Comptroller or the Department of Labor or have provided for payment in a manner satisfactory to the unit responsible for collection.

Signature of Licensee _____ DATE _____

For Office Use Only	
APPROVED BY:	Date
1. _____	
2. _____	
DENIED BY:	Date
1. _____	
2. _____	
REASON FOR DENIAL:	
