

**WEST VIRGINIA STATE BOARD OF ARCHITECTS
OFFICE OF THE SECRETARY
P.O. BOX 9125
HUNTINGTON, WV 25710-0589**

APPLICANT'S NAME: : **Applicant's Registration/License Number:**

The above named person has filed an application in West Virginia for licensing as an Architect. Your response to the following will expedite his application.

1. Is applicant registered in your State? _____ License# _____

 Date of Initial Registration _____

2. If not, has he ever applied? _____ Date _____

3. Does examination conform to NCARB Syllabus? _____

 Check examinations required and date completed:

Seven Part Examination: _____

Equivalency Examination: _____

Professional Examination: _____

A.R.E. Examination: _____

Other (Specify): _____

4. Does your Board grant reciprocity/comity with the State of West Virginia? _____

 Will West Virginia applicants be required to submit to oral or special
 examinations? _____

5. Were your training and experience requirements the same as NCARB? _____

 If not give details: _____

6. Is registration current? _____

 Reason Registration is not current: _____

Use the back of this form for any additional comments or remarks.

PLEASE RETURN AT YOUR EARLIEST CONVENIENCE.

Board Seal

Name: _____

Signature: _____

Title: _____