

The following is a list of the States and/or jurisdictions from which I have received a license to practice architecture or landscape architecture: (Photocopies of certificates, or confirmation of examining Board must accompany this application).

In column entitled "How Obtained", insert "a" (residence in State when law was first enacted), "b" (oral examination), "c" (written examination, "d" (reciprocity, "e" (education and experience), as applicable.

STATE	DATE GRANTED	LICENSE NO.	HOW OBTAINED	STATUS

In the above profession for which I am applying, I consider myself, by reason of training and experience, proficient in the following specialties:

Circle answers and provide detailed explanation and supporting documents if applicable:

- Have you ever applied for or been licensed as an Architect or Landscape Architect on Guam? YES NO
If YES, indicate the month and year granted, or License No. _____
- Has any license ever been suspended, revoked or otherwise subject to disciplinary action? YES NO
- Are there any disciplinary actions pending against you? YES NO
- Have you ever been convicted of a criminal offense (except minor traffic violations with less than a \$500.00 fine)? YES NO
- In the past 10 years, have you been convicted of a crime in which the conviction has not been annulled or expunged? YES NO

IF YOU ANSWER "YES" TO THE QUESTIONS ABOVE, EXPLAIN THE TYPE OF CONVICTION OR DISCIPLINARY ACTION (PROVIDING DATES AND PLACES) ON A SEPARATE SHEET. SUBMIT PERTINENT DOCUMENTATION FROM THE COURTS OR LICENSING AUTHORITY.

I am a member in good standing of the following professional organizations:

ORGANIZATION	ADDRESS	POSITION TITLE

List five (5) references, the first three (3) of which shall be licensed or registered in the profession for which you are applying, and shall be licensed/registered in the profession specified in the application. These people must have personal knowledge of your professional experience, qualifications, and moral character.

Applicants for licensure via exam must also show proof of completion of Intern Development Program (for Architects). You must have NCARB submit the appropriate records.

(1) <u>Name</u>	<u>Professional Title</u>	<u>Name of Organization</u>	<u>Mailing Address</u>
(2) <u>Name</u>	<u>Professional Title</u>	<u>Name of Organization</u>	<u>Mailing Address</u>
(3) <u>Name</u>	<u>Professional Title</u>	<u>Name of Organization</u>	<u>Mailing Address</u>
(4) <u>Name</u>	<u>Professional Title</u>	<u>Name of Organization</u>	<u>Mailing Address</u>
(5) <u>Name</u>	<u>Professional Title</u>	<u>Name of Organization</u>	<u>Mailing Address</u>

EDUCATION

Name & Location of School	<u>Dates (Mo/Yr)</u>		Date Graduated	Degree Received
	From	To		

Other College/University

WORK EXPERIENCE RECORD

Number each engagement in order, beginning with your present engagement in the practice of architecture or landscape architecture. Summarize each engagement, but provide sufficient detail to signify the degree of your responsibility and the nature of the decisions you have been required to make. Also, indicate that you have had the progressive experience under the direct supervision of a registered architect or landscape architect, of a grade and character which indicate that you are competent to be licensed. (Additional sheets may be used, as necessary, to describe your complete experience record provided that the information is in this format).

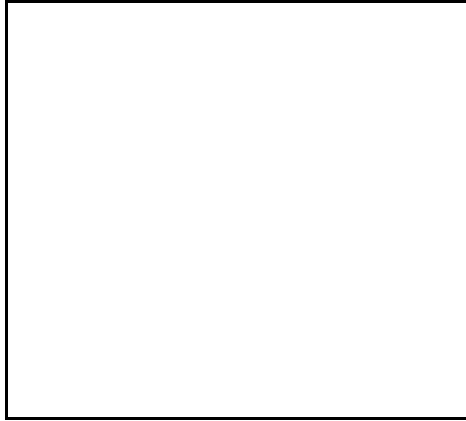
Engagement No.	Dates (Mo/Yr) From: _____ To: _____ Total Time:
Name and Address of Employer:	Name and Title of Immediate Supervisor
Address of Immediate Supervisor (if different from above)	Type of Registration and Number:

SUMMARY OF ENGAGEMENT:

Engagement No.	Dates (Mo/Yr) From: _____ To: _____ Total Time:
Name and Address of Employer:	Name and Title of Immediate Supervisor:
Address of Immediate Supervisor (if different from above)	Type of Registration and Number:

SUMMARY OF ENGAGEMENT:

The application shall be submitted on the printed form of the Board, attested before a Notary Public, accompanied by an endorsed 2" x 2-1/2" photograph of the applicant.



The above photograph shall be an unmounted recognizable photo (size 2 x 2-1/2" overall), not profile, not retouched, taken within thirty (30) days of submission of this application. Affix your signature and date on the lower right hand corner of the photo.

AFFIDAVIT OF APPLICANT:

I, _____, certify that the statements, answers and representations made in this application and documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of my registration.

DATE

SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20 _____.

NOTARY PUBLIC

(SEAL)

My commission expires: _____

