



MISSISSIPPI STATE BOARD OF ARCHITECTURE

2013 ARCHITECT RENEWAL

2 Professional Parkway #2B • Ridgeland, MS 39157

www.archbd.state.ms.us • 1-888-272-2627 • Email: msboa@archbd.state.ms.us

ONLINE RENEWAL

Renew your license online with a check or credit card at www.archbd.state.ms.us. On the home page, choose the Renew My License/Architect link. Enter your license number, last name and date of birth, and then follow prompts.

HARD COPY RENEWAL

DUE DATE: To avoid inactive status, renew on or before November 30, 2013

PAYMENT: Make check or money order payable to MSBOA

MAIL TO: MSBOA
2 Professional Parkway #2B
Ridgeland, MS 39157

ENCLOSE RENEWAL FEE:

RESIDENT ARCHITECT/\$250.00

NON-RESIDENT ARCHITECT/\$300.00

LATE PENALTY \$ _____ / \$5.00 per month after 11/30/13

PLEASE TYPE OR PRINT. ERRONEOUS APPLICATIONS MUST BE RETURNED, UNPROCESSED, WITH INSTRUCTIONS FOR CORRECTION. COMPLETE EACH NUMBERED SECTION.

1. CERTIFICATION

_____(initial) I am the applicant. I certify and affirm that I have read the current Mississippi Architectural Law, Rules and Regulations and that I am qualified to practice architecture in the State of Mississippi. The information I will provide on this application is true and accurate.

2. LAST NAME

3. FIRST NAME

4. MIDDLE NAME

5. MISSISSIPPI LICENSE NO. (see renewal notice or go to www.archbd.state.ms.us/main_find_licensee.html and enter your name)

6. MAILING ADDRESS

7. CITY

8. STATE OR PROVINCE

9. ZIP OR POSTAL CODE

10. COUNTRY

USA Other _____

11. DAYTIME PHONE (with area code)

12. FAX NUMBER (with area code)

13. EMAIL (email is the Board's primary method of communication)

14. FIRM WEBSITE (URL)

15. DISCIPLINARY ACTION/MORAL CHARACTER

Yes No Since the filing of your last Mississippi application, have you been charged, arrested, convicted, found guilty or pleaded nolo contendere to any criminal offense (excluding non-criminal traffic infractions)? If yes, submit details.

Yes No Since the filing of your last Mississippi application, have you been investigated, charged, or disciplined, or are you currently under investigation by a governing or licensing board, other than the Mississippi State Board of Architecture, or by any federal or state agency? If the action has already been reported to the Mississippi State Board of Architecture or resolved to their satisfaction you may answer No. If yes, submit details.

16. BUSINESS/FIRM NAME

-If practicing as an individual, provide name as it will appear on title blocks, etc. (Ex. John Doe, Architect).

-You must list all names through which you will practice in Mississippi, and all must meet requirements noted in section 18 on pg. 2.

17. BRANCH OFFICES

If applicable, provide the address of each branch office within the State of Mississippi and the name and Mississippi license number of the supervising architect who is resident in that office.

18. BUSINESS/FIRM NAME AND STRUCTURE REQUIREMENTS

- An architect can NOT practice through a business corporation (Inc.) or a limited liability company (LLC) in Mississippi.
- The only allowable entities for architectural practice in Mississippi are:
 - Sole Proprietorship/Individual
 - Professional Corporation (PC)*
 - Professional Association (PA)*
 - Partnership
 - Limited Partnership
 - Professional Limited Liability Company (PLLC)***PCs, PAs and PLLCs must be registered with the Mississippi Secretary of State.*
- All partners, stockholders, directors, officers, and/or owners of an architectural firm must be architects or engineers in their state of residence. See section 73-1-19 and rule 3.2.1.
- For non-resident firms, at least one stockholder, director, officer, and/or owner must be a licensed architect in Mississippi. See section 73-1-19 and rule 3.2.1.
- Firm names are improper if they contain the name or names of individuals actively licensed in another jurisdiction if none of the individuals named in the firm name are actively licensed in Mississippi. See rule 3.2.3.
- If the firm name is a trade name, or does not include the name of a Mississippi architect, the name of a Mississippi architect must be disclosed on all listings, title blocks, contracts, letterhead, etc. See rule 3.2.3.
- Use of the plural "architects" in a firm or business name is restricted to firms employing more than one actively licensed architect. See rule 3.2.12.

_____ (initial) I certify that ALL partners, stockholders, directors, officers and/or owners of the firm(s) through which I will practice in Mississippi are licensed engineers or architects in their state of residence. I certify that I have read and understand the requirements for firm structure and firm names as provided in Section 73-1-19 and Chapter 3 of the rules. I am aware that practicing through a business that does not comply with these provisions could result in disciplinary action.

19. CONTINUING EDUCATION

Prior to renewing your Mississippi architectural license, you must have completed 24 units of health, safety or welfare continuing education or have an allowable exemption. See Chapter 6 of the rules and regulations for details.

Choose ONE:

___ **CE Completion by Mississippi's Requirement**

I certify by this affidavit that I have acquired, or will have acquired (as of December 31, 2013), continuing education hours (CEHs) in conformance with the Board's rules and regulations.

**For the 2013 renewals only, the Board will honor hours earned under the previous rule. However, with the 2015 renewals and thereafter, all licensees must meet the new rule of 12 hours per calendar year, all HSW, and all in structured settings as per the revised Chapter 6 of the Rules and Regulations.*

Please DO NOT send documentation of CEHs unless you are directed to do so in an audit letter.

___ **CE Completion by Resident State's Requirement (non-residents only)**

Only for residents of Alabama, Alaska, Arkansas, Georgia, Idaho, Iowa, Kansas, Kentucky, Louisiana, Maryland, Missouri, Minnesota, Nebraska, Nevada, New Mexico, North Carolina, Oklahoma, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Vermont, West Virginia and Wyoming. (Please call if your state is not listed, but has mandatory CE and offers a CE reciprocity provision).

_____ (initial) I am a resident architect of an NCARB jurisdiction listed above. My resident state has a continuing education program that accepts the Mississippi continuing education requirement reciprocally. I certify by this affidavit that all requirements of my resident jurisdiction are current and have been met.

My jurisdiction is _____ and my current registration number in my resident state is _____.

___ **CE Exemption/First Renewal**

I became licensed in Mississippi on or after 10/1/2011 and this is my first renewal.

___ **CE Exemption/Armed Services**

I have served on active duty in the Armed Forces of the United States for a period of time exceeding ninety (90) consecutive days during the two-year reporting period.

___ **CE Exemption/Pre-Approved Hardship**

I have a hardship exemption that has been previously approved by the Board (call 888-272-2627).

___ **CE Late Credits**

I have, or will have, late CEHs earned after 12/31/2013.

Attach a list of each course or activity that took place on or after 1/1/2014. Include the date of the coursework, course title, brief description, instructor or sponsor and the number of CEHs. If you have indicated late CEHs, your renewal cannot be processed without this information. You will be billed separately for the late CEH penalty. Your renewal will not be processed until the late CEH penalty is paid.

**CHECK IT - Have you completed each numbered section of the renewal form? Did you provide the required CEH details?
Incomplete applications cannot be accepted and will be returned unprocessed.**