



# APPLICATION FOR TEMPORARY PERMIT TO PRACTICE ARCHITECTURE

- A temporary permit is issued for a maximum of **one project for two years**. Multiple temporary permits will not be issued.
- **Do not substitute a resume** or other synopsis for any part of this application form.
- **Make checks payable to** the Nebraska Board of Engineers and Architects or NBEA.
- **Filing fees** are non-refundable once deposited by the Nebraska Board.
- **In the event that your check is returned unpaid** for insufficient or uncollected funds, we may re-present your check electronically. In the ordinary course of business, your check will not be provided to you with your statement.
- **Multiple Temporary Permits will not be issued. If you have previously been issued a Temporary Permit in Nebraska, do not submit this form. You are required to submit an application for licensure in order to practice or offer to practice in Nebraska.**

1. \_\_\_\_\_  
*Full Legal Name (including full middle name)*

2. \_\_\_\_\_  
*Social Security Number (last 4 digits)*

**3. Mailing Address:**

\_\_\_\_\_

*Street Address*

\_\_\_\_\_

*City, State, Zip Code*

\_\_\_\_\_

*Email Address*

\_\_\_\_\_ ext \_\_\_\_\_

*Telephone*

\_\_\_\_\_ ext \_\_\_\_\_

*Alternate Telephone*

\_\_\_\_\_

*Fax*

4. \_\_\_\_\_  
*Current State of Licensure*

5. \_\_\_\_\_  
*License Number*

- Your state seal from your current state of licensure will be expected on documents, along with a temporary permit label.
- A temporary permit for architecture will not be issued unless verification of good standing has been provided by the licensing authority or NCARB.
- You must have your current state of licensure verification forwarded directly to the Nebraska Board. Use the verification form at the end of this application.
- Some jurisdictions may require a fee for this service and turnaround times may vary. You will need to contact the verifying jurisdiction to confirm whether a fee is required and instructions for submitting the request.

**6. Project Name and Location:**

\_\_\_\_\_

7. \_\_\_\_\_  
*Project Duration (no more than two years)*



8. For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

- I am a citizen of the United States, **OR**
- I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are \_\_\_\_\_, and I have enclosed a copy of my USCIS documentation.

**Note: Provide an explanation and official documentation for each "YES" answer below.  
Licensure approval or renewal will remain pending until after review.**

**Professional**

- 1. Have you ever been denied a license to practice architecture in this or any other jurisdiction?  YES  NO
- 2. Has a complaint ever been filed or has formal disciplinary action ever been taken against you by a regulatory body for architecture in this or any other jurisdiction?  YES  NO
- 3. Have you ever voluntarily surrendered your architect license or entered into a negotiated settlement in order to avoid disciplinary action by a professional regulatory body in this or any other jurisdiction?  YES  NO

**Criminal**

- 4. During the past 10 years, have you been convicted of a crime, other than a minor traffic violation, in this or any other jurisdiction?  YES  NO
- 5. During the past 10 years, have you entered into a pretrial diversion program or similar pretrial procedure to avoid prosecution for a crime, other than a minor traffic violation, in this or any other jurisdiction?  YES  NO
- 6. Are there now any criminal charges, other than a minor traffic violation, pending against you in this or in any other jurisdiction?  YES  NO

**Civil**

- 7. During the past 10 years, has a judgment been entered against you in a civil proceeding in this or any other jurisdiction involving fraud, misrepresentation, or professional malpractice?  YES  NO
- 8. Is there any action or proceeding presently pending against you in any court or other tribunal in this or any other jurisdiction alleging that you committed fraud, misrepresentation, or professional malpractice?  YES  NO

*I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.*

*I will not represent myself as an architect or offer to perform architectural services in the State of Nebraska.*

*Unless my firm holds a current Certificate of Authorization, it is not authorized to offer or contract to perform architectural services in Nebraska.*

*I have read the Nebraska Engineers and Architects Regulation Act.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**A short law examination covering the Engineers and Architects Regulation Act must be completed before permit issuance. The examination will be sent to you upon receipt of the application.**



# VERIFICATION OF LICENSURE AND EXAMINATION OF AN ARCHITECT

- Applicants should complete only Section I of this form.
- Forward this form to the appropriate state registration board to be completed and returned to the Nebraska Board.
- Contact your state board for information about any fees they may require for processing verifications.

FROM (STATE BOARD NAME):		DATE:	
ADDRESS:		FILE NO.:	
<b>SECTION I: APPLICANT INFORMATION</b>			
NAME		DATE OF BIRTH:	LAST 4 DIGITS OF SSN:
ADDRESS (STREET, CITY, STATE, ZIP)			
<b>SECTION II: VERIFICATION OF LICENSURE OR EXAMINATION</b>			
	Certificate or License #	Date Issued	Valid Until
<b>1. THE ABOVE-NAMED PERSON IS OR WAS REGISTERED AS AN ARCHITECT:</b>			
<b>2. EDUCATION AND EXPERIENCE</b>			
A. COLLEGE/UNIVERSITY:		DEGREE:	MONTH/YEAR GRADUATED:
B. INTERN DEVELOPMENT PROGRAM REQUIREMENT COMPLETED?: <input type="checkbox"/> Yes <input type="checkbox"/> No			MONTH/YEAR COMPLETED:
C. OTHER:			
<b>3. DENIALS, INVESTIGATIONS, AND/OR COMPLAINTS:</b>			
A. Has the above-named individual ever been denied registration in your state? (if yes, please give details on reverse side.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Has a complaint been filed or has formal disciplinary action been taken against the above-named individual? (If Yes, please give details in REMARKS or on reverse)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. REMARKS:</b>			
<b>5. VERIFIED BY:</b>			
BY:		BOARD SEAL	
TITLE:	DATE:		