Delivery: 215 Centennial Mall S, Suite 400 Lincoln, NE 68508

Questions? Contact us at nbea.office@nebraska.gov or on the web at ea.nebraska.gov

Phone: 402-471-2021 Fax: 402-471-0787 **Fee: \$100**

APPLICATION FOR INITIAL LICENSURE OF AN ARCHITECT

- This application is for individuals who have completed the ARE, finished AXP, and hold a NAAB-or CACB-accredited degree or met the NCARB Education Standard and are seeking initial licensure in Nebraska (you are neither currently licensed nor have you ever been licensed in another jurisdiction).
- Your NCARB Record must be transmitted to the Board by NCARB in order to verify completion of the education, experience, and examination requirements.
- Do not substitute a resume or other synopsis for any part of this application form.
- It is the responsibility of the applicant to ensure all verifications, references, and supporting documents are completed and received by the Board.
- Make checks payable to "Nebraska Board of Engineers and Architects" or "NBEA." Application fees are nonrefundable once deposited by the 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.

Full Legal Name (including full middle name)		-	Maiden or former name (if applicable)	
Social Security Number (last 4 digits)		3.	NCARB Record Number	
Social Security Number (last 4 digits)			NCARB Record Number	
Mailing Address:				
Firm Name (if applicable)				
Street Address				
City, State, Zip Code		-	Email Address	
Telephone	ext	-	Alternate Telephone	ext
Fax		-		
SEC	CTION II: ARE ANI	D AXP	INFORMATION	
ARE Exam:		-		
State			Date Final Division Passed	
AXP Date Completed:		-		

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SECTION III: EDUCATION

- Enter the name and location of the college or university, date of graduation, and type of degree received. Do not anticipate dates of graduation.
- Applicants who do not hold a degree from a NAAB- or CACB-accredited program must have their degrees evaluated by Education Evaluation Services for Architects (EESA-NCARB). Please visit www.naab.org/eesa for more information. EESA-NCARB's evaluation is to be submitted directly from NCARB to the Nebraska Board.

Name of Institution, Location (City, State, Country)	Date Graduated	Degree Received (BS, MS, etc.)	Major

SECTION IV: REFERENCES

- List the names and contact information of five people unrelated to you, who can attest to your good reputation and good ethical character. Three must be licensed architects having personal knowledge of your architectural experience.
- · All individuals used as reference must complete a "Character Reference" form and submit it directly to the Board.

·		2.		
Name			Name	
Phone	Email		Phone	Email
License number and state	e of licensure, if Architect		License number and state	te of licensure, if Architect
		4.		
Name			Name	
Phone	Email		Phone	Email
License number and stat	e of licensure, if Architect		License number and state	te of licensure, if Architect
Name				
Phone	Email			
License number and stat	te of licensure if Architect			

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Filing Fee: \$100

SECTION V: EXPERIENCE

- · NCARB Record Holders: Provide all work history not included in your record, with your current at a minimum.
- All other applicants: Record your complete work history, beginning after college graduation and concluding with your present employment. You must account for the entire time period from graduation until now, including periods of unemployment, volunteer work, non-engineering work, and military experience.
- Do not substitute a resume or other synopsis for this section.
- Attach additional copies of this section if needed.

Employment Dates Month/Day/Year	Title of position held, name and address of employer and a brief summary of the architectural work performed. Make description brief and concise.	Name, telephone number, address, and e-mail of someone familiar with each work period, preferably the person to whom applicant reported. You may not list yourself.
From 10/1/2012 To 10/15/2016 From	Architect, Smith White & Associates 123 Main Street Lincoln, NE 68521 Responsible for daily operations, design conceptualization, development, and construction administration for firm that specializes in architecture, master planning, and urban design for K-12, office, mixed-use, and institutional projects. Led design of 74,000 s.f. new elementary school and renovation of a 15,000 theater.	EXAMPLE Casey Doe, Design Principal 123 Main Street Lincoln, NE 68521 402-555-3746 cdoe@nebraska.gov
From		
То		
From		
То		
From		
То		

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Phone: 402-471-2021 Fax: 402-471-0787

Fee: \$100

SECTION VI: AFFIDAVIT

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 at	nd alie	n number	are	
	, and I have enclosed a copy of my	USCI	S docume	entatio	n.
	Note: Provide an explanation, and official documentation if available, for each "Y Licensure approval or renewal will remain pending until after revi		nswer b	elow.	
1.	Have you ever been denied a license to practice architecture or engineering 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 or professional engineering in this or any other jurisdiction?		YES		NO
3.	Have you ever voluntarily surrendered your architect or professional engineer 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
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
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
	reby attest that my response and the information provided on this form and any related application plete, and accurate, and I understand that this information may be used to verify my lawful presen				
	ll not represent myself as an architect or offer to perform architectural services in the State of Neb roved and an architect license has been granted by the Board.	raska i	intil this i	applic	ation is
	ess my firm holds a current Certificate of Authorization, it is not authorized to offer or contract to paraska until a Certificate has been granted by the Board.	perforr	n archited	ctural	services in
I ha	we read the Nebraska Engineers and Architects Regulation Act.				
	Signature of Applicant Date				
	short examination covering the Engineers and Architects Regulation Act must be passed before the Board will issue a licen. ou when the Board receives your completed application and fee.	se. The	examinatio	n will be	e sent to

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Phone: 402-471-2021 Fax: 402-471-0787

CHARACTER REFERENCE

• Section I is to be completed by the applicant.

Reference Signature

STATE OF NEBRASKA BOARD OF ENGINEERS AND ARCHITECTS

- Section II is to be completed by the reference. If additional space is needed, please use the back of this form or a separate sheet of paper.
- All references must return this form directly to the Board of Engineers and Architects by email, fax, or mail to the address listed above. If the form is emailed or faxed, an original hard copy is not required.
- Reference forms received from applicants will not be accepted.

36	CTION I: TO BE COMPLI	FIED DI APPLICA	AITI
		2	
Applicant Name (First, MI, Last)		Date Date	
		4.	
Phone Number		Email	
Application for: ☐ Engineer Inter	n Enrollment	se	
Name of Reference:			
Relationship to Reference:			
SE	CTION II: TO BE COMPLE	TED BY REFERE	ENCE
Is the information in Section I cor	rect as stated? □ YES □ NO		
If NO, please explain:			
How long have you known the ap	plicant?		
Explain how the applicant is of go	ood reputation and demonstrates g	good ethical character:	
Reference Name (Please Print)		Title or Position	
		Title or Position	
Reference Name (Please Print) Firm Name & Address (if applicable)		Title or Position	

18 NOV 2020 Page 5 of 11

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	SECTION I: TO BE COMPLETE	D BY APPLICANT
1.	Applicant Name (First, MI, Last)	
3.	Phone Number 4.	Email
5.	Application for: ☐ Engineer Intern Enrollment ☐ Architect License	
6.	Name of Reference:	
7.	Relationship to Reference:	_
	SECTION II: TO BE COMPLETE	D BY REFERENCE
1.	Is the information in Section I correct as stated? ☐ YES ☐ NO	
	If NO, please explain:	
2.	How long have you known the applicant?	
3.	Explain how the applicant is of good reputation and demonstrates good	ethical character:
	Reference Name (Please Print)	Title or Position
	Firm Name & Address (if applicable)	
	State of Licensure (if applicable) License No. (if applicable)	Year Licensed (if applicable)

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	SECTION I: TO BE COMPLET	ED BY APPLICANT
۱.	Applicant Name (First, MI, Last)	
3.	4.	
	Phone Number	Email
5.	Application for: ☐ Engineer Intern Enrollment ☐ Architect License	
5 .	Name of Reference:	<u> </u>
7.	Relationship to Reference:	<u> </u>
	SECTION II: TO BE COMPLET	ED BY REFERENCE
۱.	Is the information in Section I correct as stated? ☐ YES ☐ NO	
	If NO, please explain:	
2.	How long have you known the applicant?	
3.	Explain how the applicant is of good reputation and demonstrates goo	d ethical character:
	Reference Name (Please Print)	Title or Position
	Firm Name & Address (if applicable)	
	State of Licensure (if applicable) License No. (if applicable)	Year Licensed (if applicable)

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Reference Signature

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36	CTION I: TO BE COMPLI	FIED DI APPLICA	AITI
		2	
Applicant Name (First, MI, Last)		Date Date	
		4.	
Phone Number		Email	
Application for: ☐ Engineer Inter	n Enrollment	se	
Name of Reference:			
Relationship to Reference:			
SE	CTION II: TO BE COMPLE	TED BY REFERE	ENCE
Is the information in Section I cor	rect as stated? □ YES □ NO		
If NO, please explain:			
How long have you known the ap	plicant?		
Explain how the applicant is of go	ood reputation and demonstrates g	good ethical character:	
Reference Name (Please Print)		Title or Position	
		Title or Position	
Reference Name (Please Print) Firm Name & Address (if applicable)		Title or Position	

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Reference Signature

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- Reference forms received from applicants will not be accepted.

SECTION I: TO BE COMPLETED BY APPLICANT 1. Date Applicant Name (First, MI, Last) 3. Phone Number Email Application for: ☐ Engineer Intern Enrollment ☐ Architect License 6. Name of Reference: _ 7. Relationship to Reference: __ **SECTION II: TO BE COMPLETED BY REFERENCE** Is the information in Section I correct as stated? ☐ YES ☐ NO If NO, please explain: _ How long have you known the applicant? _ Explain how the applicant is of good reputation and demonstrates good ethical character: Reference Name (Please Print) Title or Position Firm Name & Address (if applicable) State of Licensure (if applicable) License No. (if applicable) Year Licensed (if applicable)

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Phone: 402-471-2021

Fax: 402-471-0787

Questions? Contact us at nbea.office@nebraska.gov or on the web at ea.nebraska.gov

STATE OF NEBRASKA BOARD OF ENGINEERS AND ARCHITECTS

VERIFICATION OF LICENSURE OR EXAMINATION OF AN ARCHITECT

- Section I is to be completed by the applicant.
- Section II is to be completed by the verifying jurisdiction
- Some jurisdictions may require a fee for this service and processing times may vary. You will need to contact the verifying jurisdiction to confirm whether a fee is required and instructions for submitting a request.
- NCARB Record Holders do not need to complete this form or submit this form to the Nebraska Board.

SECTION I: APPLICANT INFORMATION								
NAME					LAST 4 DIGITS O	F SSN		
ADDRESS (STREET, CITY, STATE, ZIP)								
SECTION II: VERIFICATION OF LICE	NSURE OR EXAM	INATION						
FROM (STATE BOARD NAME)	DATE							
ADDRESS	ADDRESS							
THE PERSON IDENTIFIED IN SECTION I IS OR WAS REGISTERED AS:	Certificate or Lice	nse Number	Date	s Issued	Va	alid Until		
☐ ARCHITECT								
☐ INTERN ARCHITECT								
2. EDUCATION AND EXPERIENCE								
A. COLLEGE / UNIVERSITY:		DEGREE:		MONTH / YEAR	GRADUATED:			
B. IDP / AXP REQUIREMENT COMPLETED?: YES	□ NO			MONTH / YEAR	COMPLETED:			
C. OTHER:								
3. DENIAL, INVESTIGATIONS, AND/OR COMPLAINTS:								
A. Has the above-named individual ever been denied regist	tration in your state? (if YES, ple	ease give details in REMA	ARKS below or or	n reverse)	☐ YES	□ NO		
B. Has a complaint been filed or has formal disciplinary acti REMARKS below or on reverse)	on ever been taken against the	above-named individual	? (If YES, please	give details in	☐ YES	□ NO		
4. REMARKS:								
5. VERIFIED BY:								
BY			BOARD SEAL					
TITLE	DATE							

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STATE OF NEBRASKA BOARD OF ENGINEERS AND ARCHITECTS

REPORT OF ARCHITECTURAL EXAMINATION

	(AMINATION SYLLABUS 954–1975)	Hours	Grade Minimum	Date Passed
A.	Education & Experience	N/A		
В.	Personal Audience	N/A		
C.	History & Theory of Architecture	3		
D.	Site Planning	5		
E.	Architectural Design	12		
F.	Building Construction	3		
G.	Structural Design	5		
Н.	Professional Administration	3		
I.	Building Equipment	5		

	QUIVALENCY EXAM. JNE 1973–JUNE 1976)	HOURS	GRADE MINIMUM	DATE PASSED
I.	Architectural Theory	2		
II.	Construction Theory & Practice	8		
III.	Architectural Design / Site Planning	10		

	ALIFYING TEST INE 1977–JUNE 1982)	HOURS	GRADE	DATE PASSED
A.	Architectural History	2		
В.	Structural Technology	3		
C.	Materials & Methods of Construction	2		
D.	Environmental Control Systems	2		
E.1	Principles of Site Planning & Arch. Design (1977-78, multiple choice)	1		
E.2	Principles of Site Planning & Arch. Design (1977-78, design problems)	11		

PROF. EXAM SECTION A (6/1979-6/1982)	HOURS	GRADE	DATE PASSED
Design/Site Test	12		

PROF. EXAM. (DEC 1973-DEC 1978) SECTION B (1979-1982)	HOURS	GRADE	DATE PASSED
Part I Environmental Analysis			
Part II Architectural Planning			
Part III Design and Technology			
Part IV Construction			

	CHITECTURAL REGISTRATION AM (ARE): 1983–1987	GRADE	DATE PASSED
A.	Pre-Design		
В.	Site Design		
C.	Building Design		
D.	Structural Technology - General		
E.	Structural Technology - Lateral Forces		
F.	Structural Technology - Long Span		
G.	Mechanical / Plumbing / Electrical / Life Safety Systems		
Н.	Materials & Methods		
I.	Construction Documents & Services		

	CHITECTURAL REGISTRATION AM (ARE): 1988–1996	GRADE	DATE PASSED
A.	Pre-Design		
В.	Site Design (Written)		
В.	Site Design (Graphic)		
C.	Building Design		
D/F	. Structural - General and Long Span		
E.	Structural - Lateral Forces		
G.	Mechanical / Plumbing / Electrical / Acoustical Systems		
H.	Materials & Methods		
I.	Construction Documents		

Phone: 402-471-2021

Fax: 402-471-0787

ARCHITECTURAL REGISTRATION EXAM (ARE): 1997–2009	GRADE	DATE PASSED
PD: Pre-Design		
SP: Site Planning		
BP: Building Planning		
BT: Building Technology		
GS: General Structures		
LF: Lateral Forces		
ME: Mechanical & Electrical Systems		
MM: Building Design / Materials & Methods		
CD: Construction Documents & Services		

ARCHITECTURAL REGISTRATION EXAM (ARE 4.0): 2008–2018	GRADE	DATE PASSED
PPP: Programming, Planning & Practice		
SPD: Site Planning & Design		
BD: Building Design & Construction Systems		
SD: Schematic Design		
SS: Structural Systems		
BS: Building Systems		
CDS: Construction Documents & Services		

ARCHITECTURAL REGISTRATION EXAM (ARE 5.0): 2016-	GRADE	DATE PASSED
PCM: Practice Management		
PJM: Project Management		
PA: Programming & Analysis		
PPD: Project Planning & Design		
PDD: Project Development & Documentation		
CE: Construction & Evaluation		

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