





### 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](http://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.

1. \_\_\_\_\_  
Name

\_\_\_\_\_ Phone                      \_\_\_\_\_ Email

\_\_\_\_\_ License number and state of licensure, if Architect

2. \_\_\_\_\_  
Name

\_\_\_\_\_ Phone                      \_\_\_\_\_ Email

\_\_\_\_\_ License number and state of licensure, if Architect

3. \_\_\_\_\_  
Name

\_\_\_\_\_ Phone                      \_\_\_\_\_ Email

\_\_\_\_\_ License number and state of licensure, if Architect

4. \_\_\_\_\_  
Name

\_\_\_\_\_ Phone                      \_\_\_\_\_ Email

\_\_\_\_\_ License number and state of licensure, if Architect

5. \_\_\_\_\_  
Name

\_\_\_\_\_ Phone                      \_\_\_\_\_ Email

\_\_\_\_\_ License number and state of licensure, if Architect



## 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	<i>Architect, Smith White &amp; Associates 123 Main Street Lincoln, NE 68521</i>	<i>EXAMPLE</i>
To  10/15/2016	<i>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.</i>	<i>EXAMPLE</i>  <i>Casey Doe, Design Principal 123 Main Street Lincoln, NE 68521 402-555-3746 cdoe@nebraska.gov</i>
From		
To		
From		
To		
From		
To		
From		
To		



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 and alien number are \_\_\_\_\_, and I have enclosed a copy of my USCIS documentation.

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

Table with 8 rows of questions and YES/NO checkboxes. Questions cover denial of license, disciplinary actions, voluntary surrender, criminal convictions, pretrial diversion, pending charges, civil judgments, and pending actions.

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 until this application is approved and an architect license has been granted by the Board.

Unless my firm holds a current Certificate of Authorization, it is not authorized to offer or contract to perform architectural services in Nebraska until a Certificate has been granted by the Board.

I have read the Nebraska Engineers and Architects Regulation Act.

Signature of Applicant

Date

A short examination covering the Engineers and Architects Regulation Act must be passed before the Board will issue a license. The examination will be sent to you when the Board receives your completed application and fee.



## CHARACTER REFERENCE

- Section I is to be completed by the applicant.
- 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.

### SECTION I: TO BE COMPLETED BY APPLICANT

1. \_\_\_\_\_  
*Applicant Name (First, MI, Last)*
2. \_\_\_\_\_  
*Date*
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 COMPLETED 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)*

\_\_\_\_\_  
*Reference Signature* \_\_\_\_\_  
*Date*



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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*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)*

\_\_\_\_\_  
*Reference Signature* *Date*



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*State of Licensure (if applicable)* \_\_\_\_\_  
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\_\_\_\_\_  
*Firm Name & Address (if applicable)*

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\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
*Firm Name & Address (if applicable)*

\_\_\_\_\_  
*State of Licensure (if applicable)* *License No. (if applicable)* *Year Licensed (if applicable)*

\_\_\_\_\_  
*Reference Signature* *Date*



## 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 OF SSN
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ADDRESS (STREET, CITY, STATE, ZIP)

### SECTION II: VERIFICATION OF LICENSURE OR EXAMINATION

FROM (STATE BOARD NAME)	DATE
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ADDRESS	FILE NO.
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1. THE PERSON IDENTIFIED IN SECTION I IS OR WAS REGISTERED AS:	Certificate or License Number	Date Issued	Valid Until
<input type="checkbox"/> ARCHITECT			
<input type="checkbox"/> INTERN ARCHITECT			

#### 2. EDUCATION AND EXPERIENCE

A. COLLEGE / UNIVERSITY:	DEGREE:	MONTH / YEAR GRADUATED:
B. IDP / AXP REQUIREMENT COMPLETED?: <input type="checkbox"/> YES <input type="checkbox"/> NO		MONTH / YEAR COMPLETED:
C. OTHER:		

#### 3. DENIAL, INVESTIGATIONS, AND/OR COMPLAINTS:

A. Has the above-named individual ever been denied registration in your state? (if YES, please give details in REMARKS below or on reverse)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. Has a complaint been filed or has formal disciplinary action ever been taken against the above-named individual? (If YES, please give details in REMARKS below or on reverse)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

#### 4. REMARKS:

#### 5. VERIFIED BY:

BY	BOARD SEAL
TITLE	
	DATE



**REPORT OF ARCHITECTURAL EXAMINATION**

EXAMINATION SYLLABUS (1954-1975)	Hours	Grade Minimum	Date Passed
A. Education & Experience	N/A		
B. 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		
H. Professional Administration	3		
I. Building Equipment	5		

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

QUALIFYING TEST (JUNE 1977-JUNE 1982)	HOURS	GRADE	DATE PASSED
A. Architectural History	2		
B. 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			

ARCHITECTURAL REGISTRATION EXAM (ARE): 1983-1987	GRADE	DATE PASSED
A. Pre-Design		
B. 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		
H. Materials & Methods		
I. Construction Documents & Services		

ARCHITECTURAL REGISTRATION EXAM (ARE): 1988-1996	GRADE	DATE PASSED
A. Pre-Design		
B. Site Design (Written)		
B. 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		

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		