

STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION  
Architectural Licensing Board  
Telephone: (860) 713-6145

**ARCHITECT'S CERTIFICATION FROM STATE OF LICENSURE  
(USED AS BASIS FOR DIRECT ENDORSEMENT)**

INSTRUCTIONS:

**This form is to be completed only by a Board Official in the State the applicant is using as a basis for Direct Endorsement.**

**LICENSING INFORMATION:**

**Architectural Licensing Board Certification from the State of:**

I certify that:

Was licensed as an architect on:

**And** currently holds a valid license in our State that expires on:

**Or** held a valid license in our State that expired on:

**CERTIFICATION OF LICENSURE:**

**Licensure as an architect was issued to this individual based upon the following:** (Please check appropriate box and provide information as requested)

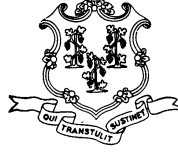
BY NCARB Certification: \_\_\_\_\_ Certificate No.: \_\_\_\_\_ File No.: \_\_\_\_\_

By Reciprocity with State of \_\_\_\_\_

By Exemption: (indicate upon which basis applicant was registered/licensed)

Education       Training       Oral Examination

BY Written Examination      NCARB uniform examinations were administered and the reported grades were accepted without modification. If this method is selected, please complete the attached NCARB Examination Scores Reporting Form. If the Examination was not prepared by NCARB, please attach a sheet showing examination subject areas, hour duration, minimum passing grade, and the grade received.



**DISCIPLINARY HISTORY:**

Has the Board of Architectural Licensing in your State taken any administrative actions against this licensee or are there any actions pending at this time? [ ] YES [ ] NO If the answer is yes, please provide available records or details relating to the nature of the transgression(s) and describe related action(s) taken by the Board.

**CERTIFICATION OF STATE BOARD OFFICIAL:**

_____
Printed name & title of State Board of Architectural Licensing Official
_____
Signature
_____
Date

Please emboss here with  
Seal of State  
Architectural Licensing  
Board