



The Guam Board of Registration for
PROFESSIONAL ENGINEERS, ARCHITECTS & LAND SURVEYORS

Inetnon Rihestrasion Inheneron Prufisionat, Atketeklo yan Agranensot Tano'

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**APPLICATION FOR A REINSTATEMENT OF REGISTRATION —
ARCHITECT & LANDSCAPE ARCHITECT**

Indicate the type of application you are making at this time:
(application shall be for one profession only)

Architecture

Landscape Architecture

FOR BOARD USE ONLY :

I, _____, on this _____ day of _____ 20_____, hereby submit my
Legal Name (LAST, First Middle) Month Year

application for a reinstatement of my Registration No. _____ which expired on _____.

Renewal of my registration after its expiration was not pursued for the following reason(s): _____

Enclosed is the applicable application fee of \$120.00 payable to the: Treasurer of Guam . I further submit, as provided in the Bylaws of the Board, under oath, the following as evidence of my qualifications:

I am a: U.S. Citizen Permanent Resident Alien – Registration No.: A _____

Legally admitted alien authorized to work in USA. (Must submit proof of right to remain and work in USA)

Residence Address (Include Apt. No., City, State and Zip Code):

Mailing Address (If different from residence address)

Telephone No. - Daytime () _____

Email Address: _____

I was born in _____ on _____ / _____ / _____.
CITY STATE COUNTRY MONTH DAY YEAR

My Social Security Number is: _____ (Disclosure of your Social Security Number is mandatory).

I am presently a member and recipient of: NCARB Record No. _____

CLARB Record No. _____

The following is a list of the States and/or jurisdictions from which I have received a license to practice architecture or landscape architecture: (Photocopies of certificates, or confirmation of examining Board must accompany this application).

In column entitled "How Obtained", insert "a" (residence in State when law was first enacted), "b" (oral examination), "c" (written examination, "d" (reciprocity, "e" (education and experience), as applicable.

STATE	DATE GRANTED	LICENSE NO.	HOW OBTAINED

In the practice of architecture or landscape architecture for which I am reapplying, I consider myself, by reason of training and experience, proficient in the following specialties:

Circle answers and provide detailed explanation and supporting documents if applicable:

- Have you ever applied for or been licensed as an Architect or Landscape Architect on Guam? YES NO
If YES, indicate the month and year granted, or License No. _____
- Has any license ever been suspended, revoked or otherwise subject to disciplinary action? YES NO
- Are there any disciplinary actions pending against you? YES NO
- Have you ever been convicted of a criminal offense (except minor traffic violations with less than a \$500.00 fine)? YES NO
- In the past 10 years, have you been convicted of a crime in which the conviction has not been annulled or expunged? YES NO

IF YOU ANSWER "YES" TO THE QUESTIONS ABOVE, EXPLAIN THE TYPE OF CONVICTION OR DISCIPLINARY ACTION (PROVIDING DATES AND PLACES) ON A SEPARATE SHEET. SUBMIT PERTINENT DOCUMENTATION FROM THE COURTS OR LICENSING AUTHORITY.

I am a member in good standing of the following professional organizations:

ORGANIZATION	ADDRESS	POSITION TITLE

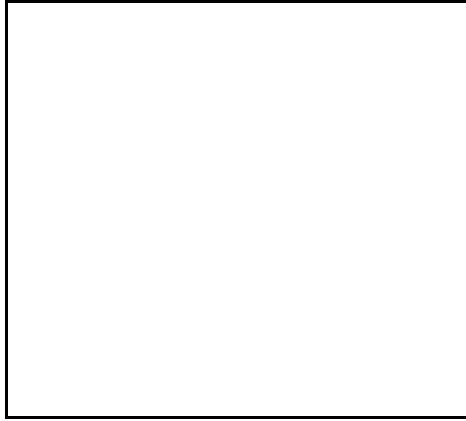
WORK EXPERIENCE RECORD

My present and/or last engagement in the practice of architecture or landscape architecture is as follows. (Additional sheets may be used, as necessary, to describe your complete experience record provided that the information is in this format).

Name of Organization/Employer:	Dates (Mo/Yr) From: _____ To: _____ Total Time:
Address:	Name and Title of Immediate Supervisor
Address of Immediate Supervisor (if different from above)	Type of Registration and Number:

SUMMARY OF ENGAGEMENT:

IMPORTANT: This application shall be submitted on the printed form of the Board, attested before a Notary Public, accompanied by an endorsed 2" x 2-1/2" photograph of the applicant.



The above photograph shall be an unmounted recognizable photo (size 2 x 2-1/2" overall), not profile, not retouched, taken within thirty (30) days of submission of this application. Affix your signature and date on the lower right hand corner of the photo.

AFFIDAVIT OF APPLICANT:

I, _____, certify that the statements, answers and representations made in this application and documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of my registration.

DATE

SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20 _____.

NOTARY PUBLIC

(SEAL)

My commission expires: _____