TEXAS Board of Architectural Examiners
Architects ▪ Interior Designers ▪ Landscape Architects

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CERTIFICATE OF STANDING

Certificate of Standing for Architectural registration of:

NAME OF REGISTRANT:

TO:

ADDRESS:

TO BE FILLED OUT BY BOARD:

A. REGISTRATION OR LICENSE NUMBER IN YOUR JURISDICTION:

B. DATE REGISTRATION OR LICENSE WAS ORIGINALLY GRANTED

C. BASIS:
- ☐ **EXAMINATION**
  (*If the examination was not prepared by NCARB, please provide a description of the exam including content, length, passing grades, and the grade received.)*
- ☐ TRANSFER OF EXAMINATION CREDIT FROM ANOTHER JURISDICTION
- ☐ RECIPROCITY WITH:
- ☐ OTHER (ATTACH EXPLANATION)

D. REPORTED GRADES WERE ACCEPTED WITHOUT MODIFICATION
- ☐ **YES**
- ☐ NO (ATTACH EXPLANATION)

E. REGISTRATION OR LICENSE IS CURRENTLY IN GOOD STANDING.
- ☐ **YES**
- ☐ NO (SEE ATTACHED)

F. DATE CURRENT REGISTRATION OR LICENSE EXPIRES:

G. IS THERE RECORD OF ANY DISCIPLINARY ACTION TAKEN AGAINST THE ABOVE-NAMED INDIVIDUAL?
- ☐ YES (ATTACH EXPLANATION)
- ☐ **NO**

Certified by: _____ Title: _____

Signature: _____ Date: _____

BOARD SEAL