

APPLYING FOR THE ARCHITECTURAL REGISTRATION EXAMINATION IN MICHIGAN

Board of Architects
Michigan Department of Labor & Economic Growth
P.O. Box 30018
Lansing, MI 48909
Telephone: (517) 241-9253
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www.michigan.gov/commerciallicensing



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Responsibility for implementation of the architects licensing program is shared by the Michigan Department of Labor & Economic Growth and the Michigan State Board of Architects.

This brochure is intended to provide assistance to persons in obtaining their initial licensure as an architect in Michigan. This information may not provide a complete response to all questions concerning the architects licensing process. Further information may be obtained from the Board Office's website at www.michigan.gov/commerciallicensing, or from one of the related agencies in the back of this brochure.

To become licensed as an architect in Michigan, a person must complete requirements in the following areas:

- 1) Education
- 2) Internship
- 3) Examinations

Candidates for licensure must meet requirements established by Michigan Statute MCLA 339.101, et seq., and Formal Rules R339.15101, et seq. for minimum levels of education, work experience and examinations. Meeting the requirements is a long process that, in most cases, starts eight years before a licensing candidate files an application with the State Board.

THE EDUCATION REQUIREMENT

An applicant for the Architectural Registration Examination (ARE) must possess a FIRST PROFESSIONAL DEGREE IN ARCHITECTURE accredited by the National Architectural Accrediting Board (NAAB). NAAB is the only accrediting body for professional degree programs in the United States and grants accreditation to professional programs with the schools, not the schools themselves.

The following Michigan schools have NAAB accredited first professional degree programs:

Andrews University
Lawrence Technological University
University of Detroit – Mercy
University of Michigan

In order to receive credit for the first professional degree, an original transcript must be submitted directly from the school that verifies the degree. This transcript would be submitted to the applicant's internship program administrator.

Non Accredited and Foreign Education

Individuals who do not have a NAAB accredited degree, including most foreign educated applicants, must present an evaluation of their education which certifies that the education meets NAAB accreditation criteria. It is suggested that education credentials be evaluated through the Education Evaluation Services for Architects which is administered by Education Credential Evaluators (ECE). Applicants with non-NAAB education should request that ECE provide a COMPREHENSIVE EVALUATION REPORT directly to their internship administrator. The Comprehensive Evaluation Report compares the subjects completed by the applicant with the Michigan education requirements and states which parts of the applicants education have been met and which parts are delinquent. If an applicant should disagree with the ECE report, an appeal may be made in writing directly to ECE.

Applicants should know that ECE is a private organization not affiliated with the State of Michigan. A fee will be charged for the preparation of the Comprehensive Evaluation Report which must be paid by the applicant to ECE. ECE may be contacted at:

EESE
P.O. Box 92970
Milwaukee, WI 54202-0970
Telephone: (414) 289-3400

THE INTERNSHIP AND EXPERIENCE REQUIREMENTS

Michigan requires that all candidates for the architects examination provide evidence of eight years of architectural experience, including education before admission to the state licensing examinations is granted. Five years of credit toward the eight year requirement is granted for the first professional degree. The remaining three years of credit must be obtained with completion of an internship program (IDP) which meets standards established by the National Council of Architectural Boards (NCARB).

It is recommended that licensing candidates meet the internship requirement by completing the NCARB IDP program. This program is a nationally recognized internship program that involves the compilation and maintenance of a record of internship activity reflecting structure exposure to 15 key areas of architectural practice.

Candidates should note that IDP is not directly affiliated with the State of Michigan. NCARB and the American Institute of Architects (AIA) jointly sponsor IDP and the program is administered through the NCARB office in Washington, DC. Fees charged for compilation, maintenance and transmittal of IDP records are charged directly to the candidate and must be remitted by the candidate to NCARB.

Additional information regarding IDP can be obtained from:

IDP Headquarters
The National Council of Architectural Registration Boards
1734 New York Ave, NW Suite 700
Washington, DC 20006
Telephone: (202) 879-0500

RELATED AGENCIES

NCARB/National Council of Architectural Registration Boards

1801 K Street, NW
Suite 1100-K
Washington, DC 20006
(202) 783-6500
www.ncarb.org

American Institute of Architects

1735 New York Ave, NW First Floor
Washington, DC 20006
(202) 626-7345
www.aia.org

American Institute of Architects – Michigan

553 E. Jefferson
Detroit, MI 48226
(313) 965-4100
www.aiami.com

NAAB/National Architectural Accrediting Board

1735 New York Ave, NW
3rd Floor
Washington, DC 20006
(202) 783-2007
www.naab.org

Association of Collegiate Schools of Architecture

1735 New York Ave, NW
Washington, DC 20006
(202) 785-2324
www.acsa-arch.org

American Institute of Architecture Students

1735 New York Ave, NW
Washington, DC 20006
(212) 616-7300
www.aianasnatl.org

Registration in Another State

Candidates seeking registration outside of Michigan may request a certification of examination scores and/or a copy of their file to be sent to another state board. Requests for either of the above must be submitted in writing and must be accompanied by a \$15.00 fee.

As of July 1995, 38 states required candidates to complete IDP. In addition, there are currently 33 states that require candidates to earn a NAAB accredited degree in architecture to become licensed. Since every state has its own unique requirements, Michigan recommends that candidates contact the specific state board directly and/or NCARB prior to applying.

Ten Year Application Validity

If the applicant does not become licensed in Michigan within 10 years of the date the application is filed, the application will become void. Applicants with void applications will be required to file new applications and fees and may be required to meet current licensing requirements for education, experience and examinations. Examinations or portions of examinations already completed will no longer be valid for such candidates.

THE EXAMINATION

Michigan requires that applicants complete the Architectural Registration Examination (ARE), or an equivalent examination before a license can be granted. The ARE is developed jointly by NCARB and the Committee of Canadian Architectural Councils (CCAC). It consists of nine separate sections. All sections of the ARE, including the graphic (Site Planning, Building Planning and Building Technology) sections are administered exclusively on computer with grading done by the computer. Details about the examination are included in a bulleting of information published by NCARB.

The nine sections of the ARE are administered year-round, six days a week, Monday through Saturday at six locations in Southern Michigan. In addition, the ARE is administered throughout the United States, the District of Columbia, Guam, Puerto Rico, the US Virgin Islands and Canada. Eligible candidates may take the ARE at a computer center in any participating jurisdictions.

Beginning May 1, 2002, the State of Michigan is participating in the "Direct Registration" program with NCARB. NCARB will be maintaining the grades for the ARE examinations for the Michigan Board of Architects until all nine examinations have been completed.

Scoring

The individual sections of the ARE contain multiple choice questions that are machine scored or require graphic responses to the questions or problems. All sections are graded by computer. Scores from the individual sections cannot be averaged. Each section of the examination must be passed independently. Candidates receive credit for sections passed and must retake only those divisions not yet passed.

Results

Examination results are mailed to the candidate approximately 4-6 weeks after testing. Results are reported as PASS or FAIL only. No numeric scores are given. Diagnostic information regarding candidates strengths and weaknesses is included with the examination result letters for all sections taken, whether passed or failed. In order to maintain examination security and limit over exposure to the examination questions, candidates are not allowed to retake a failed section of the ARE within six months after the date that he or she last failed that section.

Completed Exams

Once the nine exams have been completed with NCARB, you will need to contact NCARB to request your record be forwarded to the Michigan Board Office. In addition, you will need to submit the Michigan Architect's Application with the appropriate fee to the Michigan Board Office. The application for licensure may be obtained at www.michigan.gov/commerciallicensing.

No prior computer experience is necessary. Candidates use a mouse to record test answers. Prior to the start of each section, a tutorial provides candidates with the opportunity to become familiar with the computer and instructions regarding how to record answers. The tutorial familiarizes candidates with the keyboard, screen, icons and other administrative features. Even after the start of the examination, candidates may request assistance from the testing center proctor regarding the use of the computer. An online calculator is available on the testing center computers.

In coordination with its testing consultants, the Chauncey Group International, NCARB has developed its own computer program for the graphic sections of the ARE. Therefore, the program is not identical to any commercially available program such as AutoCAD.

NCARB supplies a practice computer disk to all candidates who establish their eligibility for the graphic sections of the ARE.

References and Study Material

Reference materials and seminars are available to ARE candidates. NCARB distributes a list of reference materials to eligible candidates with the examination scheduling information.

Also available from NCARB and some AIA offices is the ARE Handbook which includes sample question types for all multiple-choice sections and sample vignettes and solutions for the graphic sections.

Reasonable Accommodations

Michigan has a procedure for granting reasonable testing accommodations to candidates with disabilities. Candidates who may need extra testing time or other accommodations during the examination may be granted up to double testing time, additional rest periods during the examination, and separate examination facilities. Hearing disabled candidates may request translators or interpreters during the examination.

All requests must be submitted in writing and accompanied by documentation of the disability from a qualified, licensed professional. In order for candidates to be eligible for NCARB certification, the request for reasonable accommodations must be reviewed and approved by both Michigan and NCARB. Requests that are denied by NCARB may be approved by Michigan. In that instance, any passing scores obtained under the reasonable testing accommodation may be recognized in Michigan only. Request for special accommodations should be submitted to the Testing Services Unit, P.O. Box 30018, Lansing, MI 48909.

NCARB

The National Council of Architectural Registration Boards was created in 1919 to facilitate uniformity among all states and territories that regulate the practice of architecture. NCARB is comprised of 55 member boards including the architectural registration boards from all 50 states, the District of Columbia, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands.

The objective of NCARB is to work together as member boards to safeguard the health, safety and welfare of the public and to assist member boards to carry out their duties. NCARB does this by developing and recommending standards for registration; developing and recommending guidelines and model laws for regulating the practice of architecture; and providing a process for certifying an applicant's qualification for registration to member boards.

NCARB works to facilitate reciprocity among member boards for licensed architects by issuing its Certificate to those architects who qualify. Almost half of the 55 member boards require an NCARB certificate for registration by reciprocity. The Certificate demonstrates that an individual has met the NCARB standards for education, training, examination, registration, and character. Briefly, those standards include an NAAB accredited professional degree in architecture, completion of IDP and the computer administered examination. Some states require an additional examination to further demonstrate competency in areas such as lateral forces (seismic, wind, etc), regional construction, local state law, and the integration of the phases of architectural practice. All states and jurisdictions recognize the NCARB Certificate in support of an application for registration to practice architecture in that jurisdiction.

For more detailed information about NCARB certification and other NCARB programs and services, you may contact NCARB.

Michigan Department of Labor & Economic Growth
Bureau of Commercial Services
BOARD OF ARCHITECTS
P.O. Box 30018, Lansing, MI 48909
517-241-9253
www.michigan.gov/commerciallicensing

FOR OFFICE USE ONLY	
Approved By:	Date Approved:
License Number 13-01-	

APPLICATION FOR ARCHITECTS LICENSE

AUTHORITY: P.A. 299 of 1980, as amended
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your application

Filing Instructions:

- Send this application, application fee and Work Experience Report to the Michigan Board at the address listed above. Keep a copy for your records.
- If you have an NCARB record, request that NCARB send your records directly to the Michigan board office and complete Sections 1-13 and 16 on this application.
- Reciprocity** candidates must complete Sections 1 through 16.
- Exam** candidates complete all Sections of the application after all ARE exams have been passed.
- If your application for examination/reciprocity is approved you will receive notice followed by further instructions.

Check here if you are submitting an NCARB Council Record and complete Sections 1-13 and 16. No other documents need to be sent to the Board Office as NCARB has already compiled the documents.

Print in ink or type all responses. Allow 4-6 weeks for a properly submitted application to be reviewed.

1. Applicant's Name (Last, First, Middle)		2. U.S. Social Security Number	3. Date of Birth
4. Mailing Address (Number and Street)		5. City	
6. State	7. Zip Code	8. Daytime Telephone Number ()	9. E-Mail Address

10. Have you ever been convicted of a felony or misdemeanor for which you could have gone to jail?
 Yes - Do not give details at this time. The Department may contact you at a later date. No

11. Have you ever had disciplinary action taken against any license, registration or permit you now hold or have ever held? (suspension, revocation, denial, etc.)
 Yes - Provide type of license, name of state, action and dates of action on a separate sheet of paper. No

12. Have you ever used another name? (If yes, enter here)

13. If you have ever filed another application with the Department of Labor & Economic Growth, list the approximate date and type here.

14. EDUCATION:	Name/Location of University	Degree Received	Date
List your education here. The information must be verified by an NCARB Council Record. Refer to the BCS/LAR-030 brochure on the web site at www.michigan.gov/commerciallicensing for specific educational requirements.			

FEE PAYMENT INFORMATION (Check Appropriate Box)	FOR OFFICE USE ONLY - VALIDATION
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<input type="checkbox"/> Original Application (Includes First Year License Fee)	\$65.00	(1301-01=\$30.00 1301-07=\$35.00)
<input type="checkbox"/> Reciprocal Application (Includes First Year License Fee)	\$65.00	(1301-09=\$30.00 1301-07=\$35.00)

Make your check or money order from a U.S. Financial Institution payable to:
STATE OF MICHIGAN - ARCHITECTS

FEEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979, AS AMENDED AND R338.943 AND R338.944.

Name (First, Middle, Last)
U.S. Social Security Number

15. EXAMINATION HISTORY:	Name of Examination	State Written	Year Written
List any exams written in other states or jurisdictions. The information should be verified on the BCS/LDB-410 if the exam is taken in another state. Refer to the brochure on the web site at www.michigan.gov/commerciallicensing for specific requirements.	NCARB Architectural Registration Examination		
	State Examination		
	Other		

16. Applicant Certification

I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application, disciplinary action against my license, or may be punishable by law. I hereby authorize the Department of Labor & Economic Growth and its agents to investigate any statements made by me in this application, including checking criminal, civil and administrative records.

Signature

Date

Michigan Department of Labor & Economic Growth
Bureau of Commercial Services
Licensing Division
BOARD OF ARCHITECTS
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WORK EXPERIENCE REPORT

AUTHORITY: P.A. 299 of 1980, as amended
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your application

Provide a brief, but concise listing of your work experience in reverse chronological order, with your present position first. Since the Michigan Board has adopted the National Council of Architectural Registration Board (NCARB) work experience guidelines as meeting those required by the Occupational Code, this information will be verified through your NCARB Council Record. (If you are applying with an NCARB Council Record you do not need to list Verifying References, but you should list your work experience.)

Reciprocal applicants who do not possess an NCARB Council Record may provide verification of their work experience through submittal of five Experience Verification Forms. (Three of the five verifying references must be licensed architects.) Refer to the brochure, BCS/LAR-030 at www.michigan.gov/commerciallicensing for details.

1. Applicant Name		
2. Mailing Address		
3. City	4. State	5. Zip Code
6. U.S. Social Security Number		

Describe **Professional Architectural** experience in detail:

Employer	Full Time	Part Time	Hrs/Weeks
Address of Employer (Number, Street, City, State and Zip Code)			
Position/Job Title	Length of Experience From (M/D/Y): To (M/D/Y):		
Name of Verifying Reference	Title of Verifying Reference		
Address of Verifying Reference (Number, Street, City, State and Zip Code)			

Describe **Professional Architectural** experience in detail:

Employer	Full Time	Part Time	Hrs/Weeks
Address of Employer (Number, Street, City, State and Zip Code)			
Position/Job Title	Length of Experience From (M/D/Y): To (M/D/Y):		
Name of Verifying Reference	Title of Verifying Reference		
Address of Verifying Reference (Number, Street, City, State and Zip Code)			

Describe **Professional Architectural** experience in detail:

Employer	Full Time	Part Time	Hrs/Weeks
Address of Employer (Number, Street, City, State and Zip Code)			
Position/Job Title	Length of Experience From (M/D/Y): To (M/D/Y):		
Name of Verifying Reference	Title of Verifying Reference		
Address of Verifying Reference (Number, Street, City, State and Zip Code)			

Describe Professional Architectural experience in			
Employer	Full Time	Part Time	Hrs/Weeks
Address of Employer (Number, Street, City, State and Zip Code)			
Position/Job Title	Length of Experience From (M/D/Y): _____ To (M/D/Y): _____		
Name of Verifying Reference	Title of Verifying Reference		
Address of Verifying Reference (Number, Street, City, State and Zip Code)			

Describe Professional Architectural experience in detail:			
Employer	Full Time	Part Time	Hrs/Weeks
Address of Employer (Number, Street, City, State and Zip Code)			
Position/Job Title	Length of Experience From (M/D/Y): _____ To (M/D/Y): _____		
Name of Verifying Reference	Title of Verifying Reference		
Address of Verifying Reference (Number, Street, City, State and Zip Code)			

NOTE: Employment accumulated prior to degree will not be acceptable. Co-op or teaching assistant work will not be counted toward your 4 years of experience.

Total Accumulated Time Employed: _____
Years Months

Applicant's Certification:

I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application, disciplinary action against my license, or may be punishable by law. I hereby authorize the Department of Labor & Economic Growth and its agents to investigate any statements made by me in this application, including checking criminal, civil and administrative records.

Signature _____
Date

Michigan Department of Labor & Economic Growth
Bureau of Commercial Services
Licensing Division
BOARD OF ARCHITECTS
P.O. Box 30018, Lansing, MI 48909
517-241-9253
www.michigan.gov/commerciallicensing

EXPERIENCE VERIFICATION FORM ARCHITECTS

AUTHORITY: P.A. 299 of 1980, as amended
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your application

APPLICANT SECTION - Complete Items 1-6 and forward this form to the respondent. Type or print neatly in black ink.

1. Applicant Name			2. My contacts with the Respondent have been in the following capacities: From: _____ mo/yr To: _____ mo/yr		
Mailing Address			As my employer or supervisor	As an instructor in my classes	
City	State	Zip Code	As an associate in architectural work	In social or community activities	
U.S. Social Security Number			In professional society activities	Other	

3. Provide a description of your responsibilities.

Indicate the training units earned in each training area during the above period. One training unit equals eight hours of acceptable experience. Twenty (20) training units per month are typical for full-time employment (35 hours/week minimum). If the average number of recorded training units is higher, please explain on an attached sheet of paper.

A. DESIGN AND CONSTRUCTION DOCUMENTS	EXPERIENCE
1. Programming	_____ (units)
2. Site & Environmental Analysis	_____ (units)
3. Schematic Design	_____ (units)
4. Engineering Systems Coordination	_____ (units)
5. Building Cost Analysis	_____ (units)
6. Code Research	_____ (units)
7. Design Development	_____ (units)
8. Construction Documents	_____ (units)
9. Specifications & Materials Research	_____ (units)
10. Document Checking & Coordination	_____ (units)
B. CONSTRUCTION ADMINISTRATION	EXPERIENCE
11. Bidding & Contract Negotiation	_____ (units)
12. Construction Office	_____ (units)
13. Construction Observation	_____ (units)
C. MANAGEMENT	EXPERIENCE
14. Project Management	_____ (units)
15. Office Management	_____ (units)
D. RELATED ACTIVITIES	EXPERIENCE
16. Professional & Community Service	_____ (units)

RESPONDENT SECTION: The applicant named on Side 1 has given your name as a reference in regards to his or her architectural work experience. Please complete Items A through D below and return to our office at the address listed below.

Respondent's Name	Respondent's Title
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Is the information on Side 1 correct as

Yes No - Please explain:

In your opinion, how would the applicant rank in professional competence and

Qualified Unqualified Unknown

Indicate your opinion as to the applicant's potential to practice architecture by placing an "X" on the appropriate line for each experience activity listed below. "S" as being Satisfactory, "U" as being Unsatisfactory and "UK" as being Unknown. If the "Unsatisfactory" box is checked for any of the listed categories, submit a letter of explanation with this form.

	Satisfactor	Unsatisfactor	Unknown
A. DESIGN AND CONSTRUCTION			
1. Programming	_____	_____	_____
2. Site & Environmental	_____	_____	_____
3. Schematic	_____	_____	_____
4. Engineering Systems	_____	_____	_____
5. Building Cost	_____	_____	_____
6. Code Research	_____	_____	_____
7. Design	_____	_____	_____
8. Construction	_____	_____	_____
9. Specifications & Materials	_____	_____	_____
10. Document Checking &	_____	_____	_____

	Satisfactor	Unsatisfactor	Unknown
B. CONSTRUCTION			
11. Bidding & Contract	_____	_____	_____
12. Construction	_____	_____	_____
13. Construction	_____	_____	_____

	Satisfactor	Unsatisfactor	Unknown
C. MANAGEMENT			
14. Project Management	_____	_____	_____
15. Office	_____	_____	_____

	Satisfactor	Unsatisfactor	Unknown
D. RELATED ACTIVITIES			
16. Professional & Community	_____	_____	_____

I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application, disciplinary action against my license, or may be punishable by law. I hereby authorize the Department of Labor & Economic Growth and its agents to investigate any statements made by me in this application, including checking criminal, civil and

Signature _____
Date

<p>Mail To:</p> <p>Michigan Department of Labor & Economic Growth Bureau of Commercial Services Licensing Division Board of Architects P.O. Box 30018</p>	<p>Affix an imprint of your Architect Seal or Stamp</p>
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Michigan Department of Labor & Economic Growth
 Bureau of Commercial Services
 Licensing Division
 DESIGN BOARDS
 P.O. Box 30018, Lansing, MI 48909
 517-241-9253
 www.cis.state.mi.us/bcs

AUTHORITY: P.A. 299 of 1980, as amended
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VERIFICATION OF EXAMINATIONS AND LICENSURE

If examinations were taken in Michigan and you are applying for Michigan licensure, you may disregard this form.

MI Applicants Complete Section I of this form and forward it to the state board or regulatory agency verifying your licensure or exams. If you took exams in more than one state, you should request verification from each state maintaining exam records for you. You may photocopy this form if necessary. The verifying agency will send this completed form directly to our office. It may be helpful if you would include an envelope addressed to our office using the address listed at the top of this form.

Verifying Agency: Complete Section II for exams or licensure held in your jurisdiction by the individual referenced in Section I. Return the form directly to the Michigan Board using the address listed at the top of this form.

SECTION I - MI APPLICANTS

Name	Type of License	Daytime Telephone Number
Address	License Number	I hereby request written release of related examination records to the State of Michigan.
City, State, Zip Code	Social Security Number 	
Sign and Date _____		

SECTION II - VERIFYING AGENCY

License held in your State	License Number	Date Issued	Expiration Date
Professional Engineers	NCEES Y/N	Grade	Date
Fundamentals of Engineering			
Principles and Practice of Engineering			
Reciprocity (list state or jurisdiction here)		Other	

ARCHITECTS

NCARB Architectural Registration Exams	Grade	Date		Grade	Date
PD or Division A			MM or Division H		
SP or Division B or			CD or Division I		
Division BG/Division BW			NCARB Equivalency Exam		
BP or Division C			NCARB Qualifying Exam		
BT			NCARB Professional Exam - Section A		
GS or Division D/F			NCARB Professional Exam - Section B		
Division D			Part I - Environmental Analysis		
LF or Division E			Part II - Architectural Planning		
Division F			Part III - Design and Technology		
ME or Division G			Part IV - Construction		

Is there currently or has there ever been any disciplinary action against the above referenced individual? (Attach additional material if necessary)

Yes No

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT ACCORDING TO THE OFFICIAL RECORDS OF THIS STATE.

State	
Signature/Title	
Date	Telephone Number

Seal Imprint