

INFORMATION TO RECIPROCAL APPLICANTS

**Michigan Department of
Labor & Economic Growth
Board of Architects
P.O. Box 30018
Lansing, MI 48909
517-241-9253**

www.michigan.gov/commerciallicensing

**A guide to filing an application for an
Architects license by reciprocity in the State
of Michigan**



Michigan Department of Labor & Economic Growth
Bureau of Commercial Services – Licensing Division
BOARD OF ARCHITECTS
P.O. Box 30018
Lansing, MI 48909

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Applicants for a license in Michigan must verify acceptable education, work experience and examinations through one of the two application methods below:

APPLICANTS APPLYING DIRECTLY TO THE STATE BOARD NEED TO FILE THE FOLLOWING:

- ◆ **BCS/LAR-020** Application for Architects License.
- ◆ An **Official Transcript** verifying your architectural degree. (If you were originally licensed before January 1, 1977, you may waive submittal of a transcript.)
- ◆ **BCS/LAR-022** Work Experience Report
- ◆ **BCS/LAR-023** (5) Experience Verification Forms from at least 3 licensed architects and 2 others
- ◆ **BCS/LDB-410** Verification of Examination and Licensure/Registration from your base state and any other state in which you sat for examinations.

APPLICANTS APPLYING THROUGH THE NATIONAL COUNCIL OF ARCHITECTURAL REGISTRATION BOARD SHOULD FILE THE FOLLOWING:

- ◆ **BCS/LAR-020** Application for Architects License.
- ◆ **BCS/LAR-022** Work Experience Report
- ◆ **NCARB** Council Report

You will return both the Michigan forms and the NCARB transmittal release to NCARB for processing. NCARB will send your application and council record directly to our office.

Applicants registered in the Canadian provinces will be treated as reciprocal applicants for the purpose of establishing whether the applicant meets application requirements. However, Canadian applicants must meet examination requirements to obtain a license by reciprocity.

Review of your application will be based upon the requirements Michigan had in effect at the time of your original licensure. A brief history of Michigan requirements is listed below:

Year	Education	Exam
1933-1945	None	29 hour
6/34-12/59	None	38 hour
6/60-12/74	None	36 hour
1/75-12/76	None	16 hour w/degree 28 hour w/o degree
1/77-3/78	Acceptable Bachelors Degree	same as above
4/78-9/80	same as above	28 hour w/degree 37 hours w/o degree
10/80-5/83	4 year Pre Professional Architecture degree	same as above
6/83-6/84	same as above	ARE
7/84-12/91	NAAB First Professional Degree	ARE
1/92-Present	NAAB First Prof Degree & IDP Certificate	ARE

Applicants are advised that this is a general listing and should not be considered a complete indicator of licensing requirements. If necessary, specific questions regarding reciprocal licensure may be directed to the Board Office.

Please note that as of January 1, 1992 Michigan requires that all applicants complete their work experience requirements through an approved internship program.

An applicant who holds a current, valid license in another state that was initially granted prior to January 1, 1992 shall be acceptable for licensure if they met Michigan requirements at the time of initial registration in that state.

Information to Firms Offering Architectural Services in the State of Michigan

P.A. 299 of 1980, as amended, requires that at least two-thirds of the principals of a firm contracting to perform architectural services in Michigan be licensed in Michigan. The statute defines a principal as “...a sole proprietor, partner, or the president, vice-president, secretary, treasurer, or director of a corporation, or a member or manager of a limited liability company.”

If your architectural firm is operating with principals who are not licensed, each of those unlicensed principals must file an application for approval on form BCS/LDB-050. If all of the principals of your firm are licensed as either architects, engineers or surveyors, your firm is not required to make any filing with the board other than for individual licenses.

There is no fee for an Application for Non-Licensed Principal Approval and acknowledgement will be issued approximately four weeks after the form is received. Copies of the Non-Licensed Principal Approval form and the Occupational Code may be obtained by contacting the Board Office.

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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:

1. Send this application, application fee and Work Experience Report to the Michigan Board at the address listed above. Keep a copy for your records.
2. 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.
3. **Reciprocity** candidates must complete Sections 1 through 16.
4. **Exam** candidates complete all Sections of the application after all ARE exams have been passed.
5. 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
<input type="checkbox"/> Original Application \$65.00 (1301-01=\$30.00 Includes First Year License Fee 1301-07=\$35.00)	
<input type="checkbox"/> Reciprocal Application \$65.00 (1301-09=\$30.00 Includes First Year License Fee 1301-07=\$35.00)	
Make your check or money order from a U.S. Financial Institution payable to: STATE OF MICHIGAN - ARCHITECTS	
FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979, AS AMENDED AND R338.943 AND R338.944.	

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

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

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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

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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

Mail To: Michigan Department of Labor & Economic Growth Bureau of Commercial Services Licensing Division Board of Architects P.O. Box 30018	Affix an imprint of your Architect Seal or Stamp
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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
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 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