

## Architect Form 4E

### Attestation of Professional Practice for Endorsement Applicants Post-Licensure Experience Only

You must present evidence of at least five years of licensed experience in architecture following initial licensure and within the seven years immediately preceding your application for licensure as an architect in New York State.

#### Applicant Instructions

1. Complete Section I. Be sure to sign and date item 10.
2. Send the entire form to an architect who will endorse your experience (the architect must have been licensed and employed in the same jurisdiction where you were licensed and employed) to complete Section II and forward all pages of this form directly to the Office of the Professions at the address at the end of this form. **This form will not be accepted if submitted by the applicant.**

#### Section I: Applicant Information

1. Social Security Number \_\_\_\_\_ 2. Birth Date    Month    Day    Year  
*(Leave this blank if you do not have a U.S. Social Security Number)*

3. Print Name    Last  
                    First  
                    Middle

5. Telephone/Email Address  
Daytime Phone  
 Home or  Business

**Licensee business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.**

4. Mailing Address  Home or  Business  
(You must notify the Department within 30 days of any address or name changes)

Line 1

Line 2

Line 3

City

State                      ZIP Code

Country/  
Province

- Area Code                      Phone  
Email Address (please print clearly)  
 Home or  Business

6. New York State DMV ID Number  
(Driver or Non-Driver ID)  
  
*(Leave this blank if you do not have a  
New York State DMV ID Number)*

7. Name at time of employment (if different than above) \_\_\_\_\_

8. Name of endorsing architect you are sending this form to \_\_\_\_\_

9. Jurisdiction where you practiced as an Architect \_\_\_\_\_

Applicant license number \_\_\_\_\_

Applicant date of licensure    mo.    day    yr.                      Applicant registration expiration date    mo.    day    yr.

10. I request and give my permission to the individual listed in item 8 above to complete Section II of this form and submit it to the New York State Education Department at the address at the end of this form, and to release any other information requested by the State Education Department in connection with my application for licensure. I also declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section II: Endorsing Architect (Please Print)**

**Instructions to the Endorser:** Complete Section II, sign and date the affirmation and send the entire form along with any additional information directly to the Office of the Professions at the address at the end of this form. **This form will not be accepted if submitted by the applicant.**

Name of the applicant \_\_\_\_\_  
*(see Section I, item 3)*

I am an architect licensed and in good standing in the jurisdiction of \_\_\_\_\_

Endorser license number \_\_\_\_\_ *Jurisdiction*

Endorser date of licensure      mo.      day      yr.      Endorser registration expiration date      mo.      day      yr.

I know the applicant named above to be of good moral character, and recommend the applicant to the State Board for Architecture and the Department as entirely worthy to be licensed to practice as an architect in New York State. I have direct knowledge that the above named applicant competently and lawfully practiced architecture as follows:

Name and address of entity(ies) where applicant lawfully practiced as an architect (attach additional sheets if necessary):

1. Name \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Dates of licensed experience From      mo.      day      yr. To      mo.      day      yr.  
 Full-time (35 hrs/wk min)     Part-time    If part-time, hours per week \_\_\_\_\_

2. Name \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Dates of licensed experience From      mo.      day      yr. To      mo.      day      yr.  
 Full-time (35 hrs/wk min)     Part-time    If part-time, hours per week \_\_\_\_\_

3. Name \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Dates of licensed experience From      mo.      day      yr. To      mo.      day      yr.  
 Full-time (35 hrs/wk min)     Part-time    If part-time, hours per week \_\_\_\_\_

**Attestation**

I declare and affirm that the statements made above are true, complete and correct and that the applicant competently and lawfully practiced architecture as noted above. I understand that any false or misleading information on this form, or related to verification of this applicant's experience, may be cause for charges of misconduct and/or criminal prosecution.

Endorsing Architect Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Stamp  
or  
Seal**

**Return Directly to:** New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Architecture Unit, 89 Washington Avenue, Albany, NY 12234-1000.