

Architect Form 4L

Attestation of Lawful Practice Outside New York State as an Architect

This form must be used for Limited Permit Candidates ONLY.
You must present evidence of lawful practice as an architect.

Applicant Instructions

1. Complete Section I. Be sure to sign and date item 10.
2. Send the entire form to an architect who can attest to your lawful practice as an architect outside New York State and ask them 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

- | | |
|---|--|
| <p>1. Social Security Number _____
<i>(Leave this blank if you do not have a U.S. Social Security Number)</i></p> <p>3. Print Name Last _____
 First _____
 Middle _____</p> | <p>2. Birth Date Month Day Year</p> <p>5. Telephone/Email Address
Daytime Phone
<input type="checkbox"/> Home or <input type="checkbox"/> Business</p> <p>Area Code Phone</p> <p>Email Address (please print clearly)
<input type="checkbox"/> Home or <input type="checkbox"/> Business</p> <p>6. New York State DMV ID Number
(Driver or Non-Driver ID)</p> <p><i>(Leave this blank if you do not have a New York State DMV ID Number)</i></p> |
|---|--|
- 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 _____

7. Name at time of lawful practice (if different than above) _____

8. Name of the attesting architect you are sending this form to _____

9. Jurisdiction where you practiced as an Architect _____

Applicant License Number _____ Date of licensure mo. day yr. Registration expiration date mo. day yr.

Name of Applicant's firm _____

Street _____ City _____ State _____

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: Attesting Architect (Please Print)

Instructions to the Attesting Architect: 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 _____
Jurisdiction

Attesting Architect License number _____

Attesting Architect Date licensed mo. day yr. Attesting Architect Registration Expiration Date mo. day yr.

I have direct knowledge of the competent and lawful practice of the applicant named above as an architect. The time frames I am attesting to are 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 lawful practice From mo. day yr. To mo. day yr. Country _____

2. Name _____
Street _____ City _____ State _____
Dates of lawful practice From mo. day yr. To mo. day yr. Country _____

3. Name _____
Street _____ City _____ State _____
Dates of lawful practice From mo. day yr. To mo. day yr. Country _____

Attestation

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

Attesting 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.