



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey State Board of Architects
124 Halsey Street, 3rd Floor, P.O. Box 45001
Newark, New Jersey 07101
(973) 504-6385



To All Newly Registered Architects:

Please check licensing type:

- ☐ **Initial license by Architect Registration Exam - A.R.E.**
- ☐ **Licensure by Credentials - Reciprocity**

Please provide your name the way you want it to appear on your wall certificate and seal press. ***Be advised that a seal will not be delivered to a P.O. Box.***

Name on certificate: _____

Name on seal press: _____

Current home address: _____

City: _____ State: _____ ZIP code: _____

Telephone No.: _____ E-mail address: _____
(include area code)

Firm name: _____

Firm address: _____

City: _____ State: _____ ZIP code: _____

Telephone No.: _____ E-mail address: _____
(include area code)

Position held: _____

Please provide the address to which all correspondence should be mailed:

Address: _____

City: _____ State: _____ ZIP code: _____

Date: _____ Signature: _____

Note: This form must be returned with your licensing fee.