



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



Reinstatement Application for a Certificate of Authorization

Required pursuant to the provisions of N.J.S.A. 13:27-4.9

Period from: 03/03/2018 Period to: 1/31/2020 Certificate No. 21AC _____

Reinstatement fee: \$800.00 - Make your check or money order payable to the New Jersey State Board of Architects and return to: New Jersey State Board of Architects, P.O. Box 45001, Newark, NJ 07101.

Business name	Telephone no. (include area code)
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Business address

Complete this section **only if** your name or address is **different** from that printed above.
(You must include a copy of legal documentation for a name change.)

Business name	Telephone no. (include area code)
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Business address

Print name of responsible architect

Please submit a copy of the current annual report filed with the Division of Revenue in the New Jersey Department of Treasury with this application.

Certification Statement

"I certify that the information entered on this form is true and complete to the best of my knowledge, and further acknowledge that if the above information is willfully false, I am subject to punishment and/or disciplinary sanction including license or certification suspension/revocation or the imposition of civil penalties as may be provided by law."

Signature of licensee (Responsible architect)	Date
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Print name of licensee (Responsible architect)	Business telephone no. (include area code)
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Print full license number of licensee (Responsible architect)	E-mail address
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21AI

If the principal's name has **changed** (responsible architect), check this box ☐ to receive a new wall certificate.

DETAILS OF OWNERSHIP

Complete this page if there have been any changes in the structure of the company since the last submission to the New Jersey State Board of Architects.

Designation:* D = Director M = Manager or Member O = Officer
 P = Principal Stockholder A = All designations

Please specify if more than one designation is applicable.

I certify that I am familiar with the laws and regulations governing the practice of architecture in New Jersey. I am aware that the Certificate of Authorization may be revoked if any agent, employee, director or officer of the corporation or manager or member of a limited liability company violates or causes to be violated any provisions of those laws or regulations.

Name and address (and title if any) of each officer, director, manager and principal stockholders.	*Desig.	Number of shares		New Jersey license number	Signature
	D M O P A	Owned	Percent		
				RA _____ PP _____ PE _____ LA _____ LS _____ ID _____	
				RA _____ PP _____ PE _____ LA _____ LS _____ ID _____	
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Use an additional sheet of paper if necessary.

Total shares issued and outstanding. ➡ Issued: _____
 Outstanding: _____

In accordance with N.J.A.C. 13:27-4.8(d), the L.L.C. or corporation and its licensees have a continuing duty to inform the Board within 30 days of any change in the information that was originally provided to the Board.

 Signature of licensee in-responsible-charge