ARKANSAS STATE BOARD
OF ARCHITECTS, LANDSCAPE ARCHITECTS, AND INTERIOR DESIGNERS

101 East Capitol Avenue
Suite 110
Little Rock, AR 72201-3822

Main (501) 682-3171
Fax (501) 682-3172

www.arkansas.gov/asbalaid
asbalaid@arkansas.gov

Mike Beebe, Governor
George J. Krennerich, III, Board President
Kingsley Johnson Glasgow, Executive Director

DECLARATION AND REQUEST FOR REPLACEMENT OR DUPLICATE WALL CERTIFICATE

1. PERSONAL CONTACT INFORMATION ----- REQUIRED

Enter your license/registration number:

Last Name:

Phone Number 1:

First Name:

Phone Number 2:

Middle Name:

Fax Number:

E-mail Address:

Business Name:

Mailing Address:

City:

State:

Zip Code:

Country:

2. REASON FOR REQUEST ----- REQUIRED

- ☐ Original Not Received
- ☐ Lost
- ☐ Stolen
- ☐ Destroyed
- ☐ Mutilated*
- ☐ Misspelling* *Free of Charge*
- ☐ Name Change*
- ☐ Other* (State Reason Below)

*The original licensure certificate must be returned with this declaration.

REASON FOR REQUEST:

Enclose a check or money order made payable to ASBALAID in the amount of $30.00

THIS SECTION FOR BOARD'S USE ONLY

Name on Check:

Check Date:

Check Amount:

Check Number:

Review Date:

Approved By:

Denied By:

Issue Date:

3. AFFIDAVIT STATEMENT ----- REQUIRED

I testify by signing below under the risk of sanction that the information I have provided the board is accurate. I also testify that I have read the Arkansas Architectural Act and Rules and Regulations. Additional documentation will be provided upon request. Note: Providing false information to the board is a direct violation of the board's rules and is subject to enforcement action.

Signature	**Printed Name**	**Date**