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

CHANGE OF ADDRESS/CONTACT FORM

1. Personal Information

Last Name

First Name

Middle Name

(List name as it appears on the licensure certificate issued by the Board.)

Date of Birth

(The date of birth will be used for verification purposes only.)

License Number

(The license number can be found on your licensure certificate issued by the Board.)

Daytime Telephone:

(The telephone will be used in the event that questions arise concerning the change of address/contact form.)

Select your licensure status (check one):

- ☐ Architect
- ☐ Landscape Architect
- ☐ Registered Interior Designer
- ☐ Emeritus Architect
- ☐ Emeritus Landscape Architect
- ☐ ARE Exam Candidate
- ☐ LARE Exam Candidate

2. New Contact Information

This change is for (check one): ☐ Individual ☐ Architectural Firm

Is this your address of record? ☐ Yes ☐ No

Mailing Address City State

Zip Code Country

Phone Number 1 Ext

Phone Number 2 Ext E-mail Address

Fax Number

3. Architectural Firm Information

I am (check one):

- ☐ Owner/Principal of record the firm listed below.
- ☐ Employee of the firm listed below.

Name of Firm

Certificate of Authorization Number

4. Change of Address/Contact Information Form

Mailing Address _____ City _____ State _____

Zip Code _____ Country _____

Firm Telephone _____ Fax Number _____

5. Change of Address/Contact Information Certification

I testify with my signature, under risk of sanction, that the information I have provided the Board is accurate. Additional documentation will be provided if requested. Providing false information to the Board is a direct violation of the Board Rules and is subject to enforcement action.

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