

Montana Board of Architects and Landscape Architects
301 South Park Avenue, 4th Floor
PO Box 200513
Helena, MT 59620-0513
406-841-2202, Fax: 406-841-2305
E-Mail: dlibsduc@mt.gov
Website: www.architect.mt.gov

EMERITUS APPLICATION

APPLICATION FEE: \$25

Please type or print legible.

Full Name: _____
Last First Middle

License Number: _____

Permanent Mailing Address: _____
Street or PO Box #

City & State Zip Country

Telephone: (_____) _____
Home

Social Security Number: _____ Foreign ID Number: _____

I am aware that in order to reinstate my license I must meet the following requirements defined in Section 37-65-311, MCA:

- Payment of applicable fees,
- Meet all current requirements for registration

I am affirming that I no longer practice architecture in the State of Montana and can no longer use my seal. Enclosed is the \$25.00 emeritus application fee made payable to the Board of Architects and Landscape Architects.

(Signature) Date _____